

# PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

OMB No. 2577-0226  
Expires 4/30/2011

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Tioga County Housing Authority</u> PHA Code: <u>PA050-01</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2011</u>					
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>458</u> Number of HCV units: <u>213</u>					
<b>3.0</b>	<b>Submission Type</b> X 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
					PH	HCV
	PHA 1:					
	PHA 2:					
	PHA 3:					
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.					
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  The mission of the Tioga County Housing Authority is the same as that of the Department of Housing and Urban Development; To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.					

5.2	<p><b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <ul style="list-style-type: none"> <li>• Expand the supply of assisted housing through reduced vacancies. Goal 1%</li> <li>• Leverage private or other public funds to create additional housing opportunities through Bradford/Tioga Leased Housing Corporation. Currently constructing an 11 unit building of subsidized housing.</li> <li>• Improve the quality of assisted housing by improving public housing management. Goal 95%</li> <li>• Improve Voucher management. Goal 95%</li> <li>• Increase customer satisfaction. Obtain 10 pts. On PHA score.</li> <li>• Provide additional support services to tenants for housekeeping and personal care. Currently allow 1 and ½ hours of housekeeping for each elderly, handicapped or disabled resident.</li> <li>• Renovate and modernize public housing units with continued upgrades of 448 Public Housing Units.</li> <li>• Increase assisted housing choices. Provide information at interview.</li> <li>• Conduct outreach efforts to landlords.</li> <li>• Refer qualified tenants to Trehab 1<sup>st</sup> Time Homebuyers Program.</li> <li>• Improve community quality of life and economic vitality by implementing public housing security improvements such as lock systems and security camera.</li> <li>• Promote self-sufficiency and asset development of families and individuals. Implemented a preference for working families as well as applied for FSS Grant monies.</li> <li>• Refer tenants to successful New Choices and Career Link Programs for job training.</li> <li>• Increase funding for home support services contract and PA waiver program.</li> <li>• Participate with Nursing Home Transition Team with Area Agency on Aging.</li> <li>• Continue to co-operate with Endless Mountain Transportation Agency.</li> <li>• Ensure equal opportunity in housing for all Americans by advertising to include equal housing opportunity statement.</li> <li>• Authority has achieved compliances with all Federal ADA/504 Requirements.</li> <li>• Authority will continue to go beyond federal requirements by providing additional reasonable accommodations to applicants/tenants who make requests or who are determined to be in need of reasonable accommodations as a result of annual housing inspections of apartments.</li> <li>• Continue to cooperate with the Center for Independent living in implementing specific project recommendations.</li> </ul>
6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>Modifications to Public Housing Admissions and Occupancy Policy and Section 8 Administrative Plan to provide for a Public Housing preference for any current County Resident as well as a preference scoring system. Also specific plan to remove Voucher participants in the event of loss of funding. See attached summary for detailed explanation of the proposed changes.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>The 5 –year Plan and Annual PHA Plan is available for Public View at the Central Office as well as the Authority website <a href="http://www.tbhra.org">www.tbhra.org</a>.</p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.</p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p> <p style="text-align: center;"><b>SEE ATTACHED</b></p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p style="text-align: center;"><b>SEE ATTACHED</b></p>

8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p style="text-align: center;"><b>SEE ATTACHED</b></p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p style="text-align: center;"><b>STATISTICS ON FILE</b></p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p>Maximize the number of affordable units available to the Tioga County Housing Authority within it's current resources by:</p> <ul style="list-style-type: none"> <li>• Employ effective maintenance and management policies to maximize the number of public housing units off-line.</li> <li>• Reduce turnover for vacated public housing units.</li> <li>• Maintain or increase section 8 lease-up rate by establishing payment standards that will enable families to rent throughout the jurisdiction.</li> <li>• Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size.</li> <li>• Maintain or increase Section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program.</li> <li>• Increase the number of affordable housing units by applying for additional section 8 vouchers should they become available.</li> <li>• Implement Project Based Housing as part of our Admissions and Occupancy Policy.</li> <li>• Leverage affordable housing resources in the community through creation of mixed-finance housing.</li> <li>• Employee admissions preference aimed at families who are working.</li> <li>• Adopt rent policies to support and encourage work.</li> <li>• Carry out modifications needed in public housing based on the section 504 needs assessment for Public Housing.</li> <li>• Affirmatively market to local non-profit agencies that assist families with disabilities.</li> <li>• Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units.</li> </ul>

10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p><u>Goal – Leverage private or other public funds to create additional housing opportunities.</u></p> <p>Progress: The Authority continues to explore opportunities for additional public &amp; private resources</p> <p><u>Goal – Acquire or build units or developments.</u></p> <p>Progress: The Authority through its non profit affiliate is in the process of constructing and placed in service tax credits for 11 units of affordable housing for the elderly.</p> <p><u>Goal – Housing Choice Vouchers have been set aside for use with the Area Agency on Aging nursing home transition program.</u></p> <p>Progress: One Voucher is being utilized currently through this program. The Authority is still working with AAA to process more.</p> <p><u>Goal – The Authority has partnered with the TreHab Agency to process applications for a number of their newly developed mixed housing projects.</u></p> <p>Progress: The Authority has several section 8 clients residing in the newly constructed Oak Ridge Townhouses operated by TreHab Agency.</p> <p><u>Goal – To assist residents with transportation throughout the County and surrounding areas as needed for medical or other appointments.</u></p> <p>Progress: The Authority pays a monthly stipend to the Endless Mountain Transportation Association on behalf of our residents to allow for free transportation.</p> <p><u>Goal – Assist residents with housekeeping needs to allow for longer independent living.</u></p> <p>Progress: The Authority currently pays a homemaker service for 11/2 hours of housekeeping service every other week for residents that are elderly, handicapped or disabled</p> <p><u>Goal – Continue to receive scores above PHAS scores 95% or above.</u></p> <p>Progress: The Authority most recent PHAS score is 95% and continues to be a High Performer.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>A substantial deviation or significant amendment or modification, which requires public notice and comment, will be required if a change is made to the Plan, or any component thereof, related to the following:</p> <ul style="list-style-type: none"> <li>• Demolition or conversion of units;</li> <li>• Implementation of a homeownership program;</li> <li>• Additions of Non-Emergency work items with an estimated cost greater than 50% of the Authority's annual Comprehensive Grant (items not included in the current Annual Statement or 5-Year Action Plan.</li> </ul> <p>Changes made to the Plan, or any component thereof, which do not relate to the above-mentioned issues will not be considered substantial or significant and will not require public notice and comment.</p>
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11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>
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**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b>  Tioga County Housing Authority		<b>Grant Type and Number:</b> Capital Fund Program Grant No.: <b>PA26P05050109</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:</b> <u>2009</u> <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual statement (revision no: _____) <input checked="" type="checkbox"/> Performance and Evaluation report for Program Year Ending <u>12/31/2010</u> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised 2	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	8,908.00	27,055.00	27,055.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 20)	62,945.00	62,945.00	62,945.00	62,945.00
5	1411 Audit	1,000.00	1,000.00	1,000.00	1,000.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	40,000.00	29,046.00	29,046.00	26,675.58
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	20,000.00	33,362.00	33,362.00	30,025.39
10	1460 Dwelling Structures	429,600.00	457,447.00	457,447.00	288,039.16
11	1465.1 Dwelling Equipment - Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	45,000.00	3,458.00	3,458.00	3,112.61
13	1475 Non-dwelling Equipment	22,000.00	15,140.00	15,140.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
17	1499 Development Activities <sup>4</sup>	0.00	0.00	0.00	0.00
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant (sum of lines 2 - 19)	629,453.00	629,453.00	629,453.00	411,797.74
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	15,000.00	136,698.00	136,698.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	173,630.00	96,479.00	96,479.00	0.00

<sup>1</sup> To be completed for the Performance and Evaluation Report.


<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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 OMB No. 2577-0226  
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<b>Part I: Summary</b>					
<b>PHA Name:</b>  Tioga County Housing Authority		<b>Grant Type and Number:</b> Capital Fund Program Grant No.: <b>PA26P05050109</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:</b> 2009  <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual statement (revision no: <u>  2  </u> ) <input type="checkbox"/> Performance and Evaluation report for Program Year Ending _____ <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		Original	Revised <sup>2</sup>	Obligated	Expended
<b>Signature of Executive Director</b> 		<b>Date</b> 12/31/2010		<b>Signature of Public Housing Director</b>  <b>Date</b>	

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Part II: Supporting Pages								
PHA Name:			Grant Type and Number:					Federal FY of Grant:
Tioga County Housing Authority			Capital Fund Program Grant No.:		PA26P05050109	CFFP (Yes/No): No		2009
			Replacement Housing Factor Grant No.:					
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised 2	Funds Obligated	Funds Expended	
AMP 1								
PA 50-1	Generator	1460	1	16,000.00	16,000.00	16,000.00	1,575.00	A; 7/10 - C:
PA 50-2	Security System	1460	1	10,000.00	36,665.00	36,665.00	36,662.26	A; 7/10 - C:
PA 50-4	Security System	1460	1	5,000.00	31,733.00	31,733.00	31,732.98	A; 7/10 - C:
PA 50-4	Roof Replacement A & B Buildings	1460	11320 sq ft	96,630.00	81,339.00	81,339.00	67,400.10	A; 7/10 - C:
	AMP 1 Total			127,630.00	165,737.00	165,737.00	137,370.34	
AMP 2								
PA 50-3	Hallway Flooring Replacement	1460	5000 sq ft	50,000.00	32,034.00	32,034.00	23,151.42	A; 7/10 - C:
PA 50-3	Kitchen Upgrades Phase I	1460	64 Units	80,000.00	104,928.00	104,928.00	51,109.50	A; 7/10 - C:
PA 50-3	Lighting Upgrades	1460	150	10,000.00	31,950.00	31,950.00	7,650.00	A; 7/10 - C:
	AMP 2 Total			140,000.00	168,912.00	168,912.00	81,910.92	
AMP 3								
PA 50-6	Fire Alarm System Replacement	1460	1	55,000.00	68,000.00	68,000.00	19,440.00	A; 7/10 - C:
PA 50-6	Efficiency Conversion	1460	2	30,970.00	0.00	0.00	0.00	Deleted
PA 50-6	Flooring in Office Building	1470	1200 sq ft	5,000.00	3,458.00	3,458.00	3,112.61	A; 7/10 - C:
PA 50-6	Tenant Storage / Garage	1470	720 sq ft	40,000.00	0.00	0.00	0.00	Moved to 2012
PA 50-7	Flooring in Bathrooms	1460	600 sq ft	6,000.00	6,402.00	6,402.00	5,761.80	A; 7/10 - C:
PA 50-7	Concrete Pads	1450	1500 sq ft	15,000.00	10,931.00	10,931.00	9,837.63	A; 7/10 - C:
PA 50-7	Fence in Ball Field, Private for Tenant Use	1475	1	15,000.00	0.00	0.00	0.00	Deleted
	Authority Owned - On Family Project Property							

<sup>1</sup> To be completed for the Performance and Evaluation Report or a revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report.



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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:  Tioga County Housing Authority					Federal FFY of Grant:  2009
Development Number/Name  HA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PA 50-1	9/14/2011	9/30/2010	9/14/2013		
PA 50-2	9/14/2011	9/30/2010	9/14/2013		
PA 50-3	9/14/2011	9/30/2010	9/14/2013		
PA 50-4	9/14/2011	9/30/2010	9/14/2013		
PA 50-5	9/14/2011	9/30/2010	9/14/2013		
PA 50-6	9/14/2011	9/30/2010	9/14/2013		
PA 50-7	9/14/2011	9/30/2010	9/14/2013		
PA 50-8	9/14/2011	9/30/2010	9/14/2013		
PA 50-9	9/14/2011	9/30/2010	9/14/2013		
PA 50-10	9/14/2011	9/30/2010	9/14/2013		
PA 50-11	9/14/2011	9/30/2010	9/14/2013		
PA 50-12	9/14/2011	9/30/2010	9/14/2013		
PHA WIDE	9/14/2011	12/31/2010	9/14/2013		

<sup>1</sup> Obligation and expenditure end dates can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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<b>Part I: Summary</b>					
<b>PHA Name:</b>  Tioga County Housing Authority		<b>Grant Type and Number:</b> Capital Fund Program Grant No.: <b>PA26P050501-10</b> Date of CFFP: _____			<b>FFY of Grant:</b> 2010  <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual statement (revision no: _____) <input checked="" type="checkbox"/> Performance and Evaluation report for Program Year Ending 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	0.00			
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	9,139.00	9,581.00	0.00	0.00
3	1408 Management Improvements	0.00			
4	1410 Administration (may not exceed 10% of line 20)	62,900.00	62,458.00	62,458.00	31,228.00
5	1411 Audit	1,000.00	1,000.00	0.00	0.00
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	30,800.00	30,800.00	0.00	0.00
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	70,000.00	70,000.00	0.00	0.00
10	1460 Dwelling Structures	415,750.00	415,750.00	0.00	
11	1465.1 Dwelling Equipment - Nonexpendable	0.00			
12	1470 Non-dwelling Structures	35,000.00	35,000.00	0.00	0.00
13	1475 Non-dwelling Equipment	0.00			
14	1485 Demolition	0.00			
15	1492 Moving to Work Demonstration	0.00			
16	1495.1 Relocation Costs	0.00			
17	1499 Development Activities <sup>4</sup>	0.00			
18a	1501 Collateralization or Debt Service paid by the PHA	0.00			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00			
19	1502 Contingency (may not exceed 8% of line 20)	0.00			
20	Amount of Annual Grant (sum of lines 2 - 19)	624,589.00	624,589.00	62,458.00	31,228.00
21	Amount of line 20 Related to LBP Activities	0.00			
22	Amount of line 20 Related to Section 504 Activities	0.00			
23	Amount of line 20 Related to Security - Soft Costs	0.00			
24	Amount of line 20 Related to Security - Hard Costs	0.00			
25	Amount of line 20 Related to Energy Conservation Measures	0.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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<b>Part I: Summary</b>					
PHA Name:  Tioga County Housing Authority		Grant Type and Number: Capital Fund Program Grant No.: PA26P050501-10 Date of CFFP: _____		Replacement Housing Factor Grant No: _____ FFY of Grant: 2010 FFY of Grant Approval: _____	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual statement (revision no: _____) <input type="checkbox"/> Performance and Evaluation report for Program Year Ending _____ <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director _____		Date 12/31/2010		Signature of Public Housing Director <i>Deanne S. Seyler</i>	Date 6/13/11

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

<b>Part II: Supporting Pages</b>								
PHA Name: Tioga County Housing Authority			Grant Type and Number: Capital Fund Program Grant No.: PA26P050501-10 Replacement Housing Factor Grant No.: CFFP (Yes/No): No				Federal FY of Grant: 2010	
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<b>AMP 1</b>								
PA 50-1	Replace Exterior Siding	1460	16 Bldgs	115,000.00	115,000.00			
	Handicap Accessibility Improvements	1460	1	12,000.00	12,000.00			
PA 50-2	Remove Trees	1450	5	5,000.00	5,000.00			
	Install Fence	1450	300 LF	10,000.00	10,000.00			
	Lighting Upgrades Occ. Sensors	1460	1	10,000.00	10,000.00			
PA 50-4	Replace Gas Service	1450	240 lf	5,000.00	5,000.00			
	Tub Safeway Steps	1460	19	14,250.00	14,250.00			
	Replace Sidewalks	1450	600 SF	5,000.00	5,000.00			
	<b>AMP 1 Total</b>			<b>176,250.00</b>	<b>176,250.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>AMP 2</b>								
PA 50-3	Sidewalk & Drainage	1450	500 SQ FT	15,000.00	15,000.00			
	Gutter and Downspout Replacement	1460	360 lf	4,000.00	4,000.00			
	Kitchen Upgrades Phase II	1460	40 Units	20,000.00	20,000.00			
	Tub Safeway Steps	1460	50	30,000.00	30,000.00			
PA 50-8	Landscaping	1450	500 SQ FT	10,000.00	10,000.00			
	Maintenance Garage / Storage	1470	576 sqf	35,000.00	35,000.00			
	Exterior Restoration / Re-Caulking	1460	3400 sqf	50,000.00	50,000.00			
	Tub Safeway Steps	1460	30	20,000.00	20,000.00			
	Lighting Upgrades Occ. Sensors	1460	2	20,000.00	20,000.00			
	<b>AMP 2 Total</b>			<b>204,000.00</b>	<b>204,000.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>AMP 3</b>								
50-6	Repave Parking South Side Lot	1450	1200 SF	10,000.00	10,000.00			
	Lighting Upgrades Occ. Sensors	1460	2	10,000.00	10,000.00			
	Front Door Replacement / Panic Hardware	1460	8	12,000.00	12,000.00			
	Apartment Handicap Upgrades	1460	1	15,000.00	15,000.00			
50-7	Landscaping	1450	500 SQ FT	10,000.00	10,000.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

<sup>2</sup> To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

**Part III: Implementation Schedule for Capital Fund Financing Program**

PHA Name:

Tioga County Housing Authority

Federal FFY of Grant:

2010

Development Number/Name	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-Wide Activities					
PA 50-1	9/14/2011		9/14/2013		
PA 50-2	9/14/2011		9/14/2013		
PA 50-3	9/14/2011		9/14/2013		
PA 50-4	9/14/2011		9/14/2013		
PA 50-5	9/14/2011		9/14/2013		
PA 50-6	9/14/2011		9/14/2013		
PA 50-7	9/14/2011		9/14/2013		
PA 50-8	9/14/2011		9/14/2013		
PA 50-9	9/14/2011		9/14/2013		
PA 50-10	9/14/2011		9/14/2013		
PA 50-11	9/14/2011		9/14/2013		
PA 50-12	9/14/2011		9/14/2013		
PHA WIDE	9/14/2011		9/14/2013		

<sup>1</sup> Obligation and expenditure end dates can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b>  Tioga County Housing Authority		<b>Grant Type and Number:</b> Capital Fund Program Grant No.: <b>PA26P05050109</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:</b> 2011  <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual statement (revision no: _____) <input type="checkbox"/> Performance and Evaluation report for Program Year Ending _____ <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds		0.00	0.00	0.00
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	28,129.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 20)	62,460.00	0.00	0.00	0.00
5	1411 Audit	1,000.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	30,000.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	50,000.00	0.00	0.00	0.00
10	1460 Dwelling Structures	265,500.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment - Nonexpendable	38,000.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	114,500.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	35,000.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
17	1499 Development Activities <sup>4</sup>	0.00	0.00	0.00	0.00
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant (sum of lines 2 - 19)	624,589.00	0.00	0.00	0.00
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>			
PHA Name:  Tioga County Housing Authority		<b>Grant Type and Number:</b> Capital Fund Program Grant No.: PA26P050501-11      Replacement Housing Factor Grant No: Date of CFFP: _____	
		<b>FFY of Grant:</b> 2011  <b>FFY of Grant Approval:</b> _____	
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual statement (revision no: _____) <input type="checkbox"/> Performance and Evaluation report for Program Year Ending _____ <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	
		Original	Revised <sup>2</sup>
		Total Actual Cost <sup>1</sup>	
		Obligated	Expended
Signature of Executive Director  <div style="text-align: center; font-size: 1.2em; color: blue;"><i>Kelley Cuvette</i></div>		Signature of Public Housing Director  <div style="text-align: center; font-size: 1.2em;"><i>Dean B. Bell</i></div>	
Date <div style="text-align: center;">7/29/2011</div>		Date <div style="text-align: center;">8/3/11</div>	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

Part II: Supporting Pages								
PHA Name:		Grant Type and Number:						Federal FY of Grant:
Tioga County Housing Authority		Capital Fund Program Grant No.:		PA26P05050109		CFFP (Yes/No): No		2011
		Replacement Housing Factor Grant No.:						
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<b>AMP1</b>								
PA 50-1	Resurface Back Parking & Add Spaces	1450	300 SqFt	5,000.00				
PA 50-2	Storage Room Upgrades	1470	1	10,000.00				
PA 50-4	Additional Outside Lights	1450	6	5,000.00				
	New Project Sign	1450	1	3,000.00				
	New Flagpole w/ Lights	1450	1	2,000.00				
PA 50-5	Re Pave Parking Lot	1450	12720 SF	20,000.00				
	Replace Roofs	1460	15000 SF	50,000.00				
	<b>AMP 1 Total</b>			95,000.00				
<b>AMP2</b>								
PA 50-3	Replace Stoves	1465	82	30,000.00				
	Replace Heaterline Valves (40) & Pumps (40)	1460	30LF & 40	30,000.00				
	Sewer Line Repair Courtyard & D Bldg	1460	30 LF	15,000.00				
PA 50-8	Replace 10 Refrigerators & Stoves	1465	20	8,000.00				
	Install Emergency Call Restrooms	1470	2	2,000.00				
	<b>AMP 2 Total</b>			85,000.00				
PA 50-6	Convert old Elevator room to Storage	1470	1	5,000.00				
	Tub Safeway Steps	1460	30	22,500.00				
PA 50-7	Install Shut offson washing maxhines	1470	20	3,000.00				
	Replace gate valves and water heaters	1475	20	10,000.00				
	Replace back doors and handsets	1470	20	20,000.00				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

<b>Part II: Supporting Pages</b>								
PHA Name:			Grant Type and Number:					Federal FY of Grant:
Tioga County Housing Authority			Capital Fund Program Grant No.:		PA26P05050109		CFFP (Yes/No): No	2011
			Replacement Housing Factor Grant No.:					
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>AMP 3</b>								
PA 50-9	Replace Domestic Water Heaters	1475	3	25,000.00				
	Replace Unit Plumbing Valves	1460	20	10,000.00				
	Install New Cable TV lines to units	1460	50 Units	18,000.00				
	Install Winter Enclosure on Pavilion	1470	400 Sq Ft	3,500.00				
	Replace Concrete Floor Pavilion	1470	800 Sq Ft	5,000.00				
	Replace Common Room Exit Doors	1470	4	10,000.00				
PA 50-10	Upgrade Unit Plumbing Valves and Pipes	1460	20 Units	4,000.00				
	Install new Carbon Monoxide / Smoke Detectors	1460	20 Units	5,000.00				
	Replace Water Heaters	1470	20	12,000.00				
PA 50-11	Upgrade Unit Plumbing Valves and Pipes	1460	30 Units	6,000.00				
	Install new Carbon Monoxide / Smoke Detectors	1460	30 Units	7,000.00				
	Install Porch Roofs & Concrete Slabs	1460	12 Units	48,000.00				
	Replace Water Heaters & Valves	1470	30	22,000.00				
PA 50-12	Replace Water Heaters & Valves.	1470	30	22,000.00				
	Resurface Elderly Parking Lot	1450	8000 sq ft	15,000.00				
	Siding Replacements	1460	11 Bldgs	50,000.00				
	<b>AMP 3 Total</b>			323,000.00				
	Operations	1406		28,129.00				
	Administrative Fees	1410		62,460.00				
	Audit Expense	1411		1,000.00				
	Architect Fees	1430		30,000.00				
	<b>PHA Wide Total</b>			121,589.00				
	<b>Grand Total</b>			624,589.00				

<sup>7</sup> To be completed for the Performance and Evaluation Report or a revised Annual Statement

<sup>4</sup> To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name:  Tioga County Housing Authority					Federal FFY of Grant:  2009
Development Number/Name  HA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PA 50-1	6/1/2011		6/1/2013		
PA 50-2	6/1/2011		6/1/2013		
PA 50-3	6/1/2011		6/1/2013		
PA 50-4	6/1/2011		6/1/2013		
PA 50-5	6/1/2011		6/1/2013		
PA 50-6	6/1/2011		6/1/2013		
PA 50-7	6/1/2011		6/1/2013		
PA 50-8	6/1/2011		6/1/2013		
PA 50-9	6/1/2011		6/1/2013		
PA 50-10	6/1/2011		6/1/2013		
PA 50-11	6/1/2011		6/1/2013		
PA 50-12	6/1/2011		6/1/2013		
PHA WIDE	6/1/2011		6/1/2013		

<sup>1</sup> Obligation and expenditure end dates can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

**Part I: Summary**

<b>PHA Name:</b>  Tioga County Housing Authority	<b>Grant Type and Number:</b> Capital Fund Program Grant No.: PA26S050501-09      Replacement Housing Factor Grant No: Date of CFFP: _____	<b>FFY of Grant:</b> <u>2009 CFRG</u> <b>FFY of Grant Approval:</b> _____
--	--	--

**Type of Grant**

☐ Original Annual Statement     
☐ Reserve for Disasters/Emergencies     
☐ Revised Annual statement (revision no: \_\_\_\_\_)

☒ Performance and Evaluation report for Program Year Ending 12/31/2010     
☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revision 1	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 20)	72,817.00	59,254.23	59,254.23	59,254.23
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	61,500.00	62,262.77	62,262.77	62,262.77
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	40,000.00	13,365.00	13,365.00	13,365.00
10	1460 Dwelling Structures	548,500.00	571,235.00	571,235.00	608,235.00
11	1465.1 Dwelling Equipment - Nonexpendable	24,600.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	45,000.00	57,900.00	57,900.00	20,900.00
13	1475 Non-dwelling Equipment	15,000.00	43,400.00	43,400.00	43,400.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
17	1499 Development Activities <sup>4</sup>	0.00	0.00	0.00	0.00
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant (sum of lines 2 - 19)	807,417.00	807,417.00	807,417.00	807,417.00
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	40,000.00	34,885.00	34,885.00	34,885.00
25	Amount of line 20 Related to Energy Conservation Measures	229,000.00	239,723.89	239,723.89	239,723.89

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>									
PIHA Name:  Tioga County Housing Authority	Grant Type and Number: Capital Fund Program Grant No.: PA26S050501-09 Replacement Housing Factor Grant No.: Date of CFFP: _____								
	FFY of Grant: 2009 CFRG FFY of Grant Approval: _____								
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual statement (revision no: _____) <input checked="" type="checkbox"/> Performance and Evaluation report for Program Year Ending 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report									
Line	Summary by Development Account								
	<table border="1"> <tr> <th colspan="2">Total Estimated Cost</th> <th colspan="2">Total Actual Cost<sup>1</sup></th> </tr> <tr> <th>Original</th> <th>Revised 1</th> <th>Obligated</th> <th>Expended</th> </tr> </table>	Total Estimated Cost		Total Actual Cost <sup>1</sup>		Original	Revised 1	Obligated	Expended
Total Estimated Cost		Total Actual Cost <sup>1</sup>							
Original	Revised 1	Obligated	Expended						
Signature of Executive Director	Date: 12/31/10 Signature of Public Housing Director: <i>Dorcas G. Seligson</i> Date: 6/13/11								

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

[illegible]

<sup>4</sup> To be completed for the Performance and Evaluation Report

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

Part II: Supporting Pages								
PHA Name:			Grant Type and Number:					Federal FY of Grant:
Tioga County Housing Authority			Capital Fund Program Grant No.:		PA26S050501-09	CFFP (Yes/No): No		2009 CFRG Funding
Replacement Housing Factor Grant No.:								
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised 1	Funds Obligated (2)	Funds Expended (2)	
PHA 50-6	Replace Unit Water Heater System	1460	1	13,000.00	37,000.00	37,000.00	37,000.00	From 2009 on 08 5 year
	Repair sidewalk on property (damaged blocks)	1450	280 sqf	10,000.00	6,385.00	6,385.00	6,385.00	Amended in to 08 5 year
	Install Security System (cameras, DVR, Monitors)	1460	1	10,000.00	9,995.00	9,995.00	9,995.00	From 2011 on 08 5 year
PHA 50-7	Replace Vinyl Siding on 4 buildings & garage	1460	5300 sq f	60,000.00	48,690.00	48,690.00	48,690.00	From 2010 on 08 5 year
	Replace Toilets with Low flush volume units	1460	20	6,000.00	7,000.00	7,000.00	7,000.00	Amended in to 08 5 year
	Install Security System (cameras, DVR, Monitors)	1460	1	20,000.00	17,695.00	17,695.00	17,695.00	Amended in to 08 5 year
PHA 50-9	Install Security System (cameras, DVR, Monitors)	1460	1	10,000.00	7,195.00	7,195.00	7,195.00	From 2011 on 08 5 year
	Replace Fire Alarm System, add strobes (50 Units)	1460	1	50,000.00	37,650.00	37,650.00	37,650.00	From 2009 on 08 5 year
	Replace carpet in common areas and hallways	1460	5400 sq f	40,000.00	25,000.00	25,000.00	25,000.00	Amended in to 08 5 year
PHA 50-10	Upgrade Bath Exhaust Fans w/ switches	1460	20	4,000.00	16,885.00	16,885.00	16,885.00	From 2012 on 08 5 year
PHA 50-11	Replace Overhead Door (Garage)	1470	1	1,500.00	1,400.00	1,400.00	1,400.00	From 2010 on 08 5 year
	Upgrade Bath Exhaust Fans w/ switches	1460	30	6,000.00	19,685.00	19,685.00	19,685.00	From 2012 on 08 5 year
	Repair sidewalk on property (damaged blocks)	1450	280 sq f	10,000.00	1,100.00	1,100.00	1,100.00	Amended in to 08 5 year
PHA 50-12	Move Mail Boxes from outside to inside	1475	10	5,000.00	1,400.00	1,400.00	1,400.00	From 2010 on 08 5 year
	Repair sidewalk on property (damaged blocks)	1450	280 sq f	10,000.00	1,300.00	1,300.00	1,300.00	From 2010 on 08 5 year
	Upgrade Bath Exhaust Fans w/ switches	1460	30	6,000.00	20,385.00	20,385.00	20,385.00	From 2012 on 08 5 year
	Replace Overhead Door (Garage)	1470	1	1,500.00	1,400.00	1,400.00	1,400.00	From 2010 on 08 5 year
AMP 3 TOTAL				263,000.00	260,165.00	260,165.00	260,165.00	
PHA Wide	Administrative Salary related to CFRG	1410		30,800.00	28,080.00	28,080.00	28,080.00	
	Administrative Exp (Sundry Items)	1410		5,517.00	6,517.00	6,517.00	6,517.00	
	Maintenance Salary Related to CFRG	1410		35,000.00	23,157.23	23,157.23	23,157.23	
	Audit of CFRG	1410		1,500.00	1,500.00	1,500.00	1,500.00	
	Fees & Costs: Architects & Engineering for \$673,100.00 in proposed projects	1430		59,700.00	59,700.00	59,700.00	59,700.00	
	Reimbursable Expenses related to services	1430		1,800.00	2,562.77	2,562.77	2,562.77	
PHA WIDE TOTAL				134,317.00	121,517.00	121,517.00	121,517.00	
CFRG GRANT TOTAL				807,417.00	807,417.00	807,417.00	807,417.00	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

Part III: Implementation Schedule for Capital Fund Financing Program						
PHA Name:					Federal FFY of Grant:	
Tioga County Housing Authority					2009 CFRG Funding	
Development Number/Name  HA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
			60%	100%		
PA 50-1	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-2	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-3	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-4	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-5	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-6	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-7	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-8	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-9	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-10	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-11	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-12	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PHA WIDE	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	

<sup>1</sup> Obligation and expenditure end dates can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Capital Fund Program - Five-Year Action Plan**

U. S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

**Part 1: Summary**

PHA Name Tioga County Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No.: _____				
Development A. Number and Name		Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	AMP-1 1450 Site Improvement	Annual Statement	0.00	17,000.00	0.00	5,000.00
C.	AMP-1 1460 Dwelling Structures		85,600.00	68,000.00	66,000.00	204,000.00
D.	AMP-1 1470 Non-Dwelling Structures		5,000.00	0.00	0.00	17,000.00
	AMP-1 1475 Non-Dwelling Equipment		0.00	15,000.00	0.00	1,000.00
	AMP-2 1450 Site Improvement		25,000.00	0.00	0.00	20,000.00
	AMP-2 1460 Dwelling Structures		156,000.00	176,000.00	54,000.00	88,000.00
	AMP-2 1465.1 Dwelling Equipment		0.00	0.00	0.00	25,000.00
	AMP-2 1475 Non-Dwelling Equipment		0.00	18,000.00	0.00	0.00
	AMP-2 1450 Site Improvement		0.00	10,000.00	0.00	17,000.00
	AMP-2 1460 Dwelling Structures		242,500.00	172,000.00	365,000.00	139,000.00
	AMP-2 1465.1 Dwelling Equipment		0.00	0.00	0.00	0.00
	AMP-2 1470 Non-Dwelling Structure		5,000.00	0.00	2,500.00	1,500.00
	AMP-2 1475 Non-Dwelling Equipment		0.00	1,000.00	0.00	0.00
	PHA Wide 1406 Operations		2,489.00	44,589.00	34,089.00	4,089.00
	PHA Wide 1410 MGT Fees		62,000.00	62,000.00	62,000.00	62,000.00
	PHA Wide 1411 Audit		1,000.00	1,000.00	1,000.00	1,000.00
	PHA Wide 1430 Fees & Costs Architect & Engineering		40,000.00	40,000.00	40,000.00	40,000.00
	Grand Total	624,589.00	624,589.00	624,589.00	624,589.00	

## Capital Fund Program Five-Year Action Plan

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226

**Expires 4/30/2011**

## Part II: Supporting Pages - Work Activities

Work	Work Statement for Year <u>2</u>				Activities for Year: <u>3</u>			
	FFYGrant 2012 PHA FY 2013				FFYGrant 2013 PHA FY 2014			
	Development Name/Number	Major Work Categories	Qty	Estimated Cost	Development Name/Number	Major Work Categories	Qty	Estimated Cost
	AMP 1				AMP 1			
	PA 50-1	1460			PA 50-1	1450		
		Replace Outlets, Switches, add bath light	16 apt	6,000.00		Replace Metal Shed	120 sqf	7,000.00
		Full Handicap Accessibility Apt #1	1	25,000.00				
		PA 50-1 TOTAL		31,000.00		1460		
						Tub Cuts	25	22,000.00
						Tile Floors in Apartments	7500 sqf	15,000.00
						PA 50-1 TOTAL		44,000.00
	PA 50-2	1460						
		Replace Common Area Flooring	5000 sqf	30,000.00	PA 50-2	1460		
		Replace Medicine Cabinets	48	9,600.00		Refinish Bathtubs	10	10,000.00
		Replace Electric Outlets Switches	48	15,000.00				
		PA 50-2 TOTAL		54,600.00		PA 50-2 TOTAL		10,000.00
	PA 50-4	1470			PA 50-4	1460		
		Replace Common Area Flooring	800 sqf	5,000.00		Replace electric outlets and switches	20	9,000.00
		PA 50-4 TOTAL		5,000.00		PA 50-4 TOTAL		9,000.00
					PA 50-5	1450		
						Handicap Accessible Ramp	40 lf	10,000.00
						1460		
						Install Firewalls in Attics	2400 sqf	10,000.00
						Replace Flooring	1000 sqf	2,000.00
						1475		
						Tractor, Cab, Broom, Blower	1	15,000.00
						PA 50-5 TOTAL		37,000.00

## Part II: Supporting Pages - Work Activities

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Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages - Work Activities

Activities for Year 1	Activities for Year: 2 FFY Grant: 2012 PHA FY: 2013				Activities for Year: 3 FFY Grant: 2013 PHA FY: 2014			
	Development Name/Number	Major Work Categories	Qty	Estimated Cost	Development Name/Number	Major Work Categories	Qty	Estimated Cost
See Annual Statement	AMP 2				AMP 2			
	PA 50-3	1450			PA 50-3	1460		
		Sidewalk replacement	500 sqf	25,000.00		Install flag light	1	1,000.00
						Upgrade Drainage below Bacon Street	150 lf	5,000.00
		1460						
		Replace Closet Doors	400	40,000.00		1475		
		Replace rusted panel boxes	2	4,000.00		Replace Lawn Tractor & Snow blower	1	18,000.00
		Replace Generator	1	50,000.00				
		Replace Boilers	2	60,000.00				
		PA 50-3 TOTAL		179,000.00		PA 50-3 TOTAL		24,000.00
	PA 50-8	1460			PA 50-8	1460		
		Emergency Calls in Public Restroom	2	2,000.00		New Boilers	2	40,000.00
						Replace Roof	13000 sqf	100,000.00
		PA 50-8 TOTAL		2,000.00		Replace Emergency Call System	1	30,000.00
						PA 50-8 TOTAL		170,000.00
	AMP 2 CFP Year Total			181,000.00	AMP 2 CFP Year Total			194,000.00

## Part II: Supporting Pages - Work Activities

form **HUD-5007.2** (4/2008)

## Part II: Supporting Pages - Work Activities

form **HUD-5007.2** (4/2008)

## Part II: Supporting Pages - Work Activities

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## Part II: Supporting Pages - Work Activities

form **HUD-5007.2** (4/2008)

## Part II: Supporting Pages - Work Activities

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Tioga County Housing Authority  
Advisory Board Meeting  
Feb. 4, 2011 12:00 Noon  
Pinnacle Towers Wellsboro

Present:

Evelyn Pletcher – Park Hill Manor  
Margaret Reese – Park Hill Manor  
Lynda Ackley – Riverside Manor  
Frances Gillen – Pinnacle Towers  
Iva Wheeler Sherman – Pinnacle Towers  
Dale Sherman – Pinnacle Towers  
Virginia Case – Sherwood Manor  
Deborah Ruddy – Lawrenceville Apartments  
Marilyn Wodarski – Forestview Manor  
Theodore Roy – Park Hill Manor  
Maxine Roy – Park Hill Manor  
Jim Herron – Nelson  
Nell Bergstresser – Riverside Park  
Jo Miller - Riverside Park  
Jim McIntosh – Van Driver TCHA  
Lonny Frost – Tabor Townhouses  
Jim McRath – TCHA  
Nancy Smith - TCHA  
Kevin Patt – TCHA  
Kelley Cevette – TCHA

Executive Director, Jim McRath introduced the staff members that were present and welcomed everyone to the meeting.

Minutes from the February 4, 2010 meeting were reviewed. On motion by Evelyn Pletcher seconded by Jo Miller the minutes were accepted. All members in favor.

Mr. McRath reviewed the purpose of the Tenant Advisory Board, its background and history of the preparation of the Annual Plan. He commented on the continued High Performance Standard the Authority, the continued subsidy to EMTA and maintaining the Homemakers Assistance Program.

Mr. McRath indicated that the Authority will be updating the Admissions and Occupancy Policies with several changes this year.

Changes to the Operating Plan for Public Housing that are purposed:

- The Principal Residence clause will require a family to physically move in within 30 days of signing their lease. This is to prevent a family from

Hearing no further comments or questions Mr. McRath reminded the members of the Public Hearing scheduled for March 10, 2011 at 10:00AM at Pinnacle Towers in Wellsboro. Members were thanked for their participation.

## Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

Tioga County Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Forestview Manor, Forestview Dr., Elkland, Tioga County, PA 16920

Wapiti Apts, Pattison Ext, Elkland, Tioga County, PA 16920

Riverside Manor, Race St., Westfield, Tioga County, PA 16950

Hillview Apts., North Street, Lincoln Street, Westfield, Tioga County, PA 16950

Nelson Apts., Capital Dr. Pease Hill, Beechers Square, Nelson, Tioga County, PA 16940

Lawrenceville Apts., Main St., Center St., Mechanic St., State St., Lawrenceville, Tioga County, PA 16929

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

James F. McRath

Title

Executive Director

Signature

X

Date

3-30-11

# Certification of Payments to Influence Federal Transactions

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Applicant Name

Tioga County Housing Authority

Program/Activity Receiving Federal Grant Funding  
Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

James F. McRath

Title

Executive Director

Signature



Date (mm/dd/yyyy)


3-30-2011



# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OMB  
0348-0046

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: <i>Tioga County Housing Authority</i> <i>4 Riverside Plaza</i> <i>Blossburg, PA 16912</i> Congressional District, if known: 4c			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b> N/A Congressional District, if known:		
<b>6. Federal Department/Agency:</b> U.S. Department of Housing and Urban Development			<b>7. Federal Program Name/Description:</b> Capital Fund Program CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI): N/A No Lobbying Activities Proposed			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI): N/A		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature:  Print Name: James F. McRath Title: Executive Director Telephone No.: 570-638-2151 Date: 3-30-2011		
<b>Federal Use Only:</b>					Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

# Eligibility, Selection and Admissions Policies

Eligibility, tenant selection and admissions policies are explain in detail in the Authority's Public Housing Admissions and Occupancy Policy and the Authority's Section 8 Administrative Plan. Copies of both documents are available at the Authority's Administrative Offices and are also available from the Authority's website – [www.tbhra.org](http://www.tbhra.org)

Included in this document are summaries of proposed changes to the Public Housing Admissions & Occupancy Policies and the Section 8 Administrative Plan.

## **Public Housing Admissions and Occupancy Policy – List of Modifications March 2011**

### **Table of Contents**

Updated to reflect repagination of some sections

### **Chapter 7.0 Taking Applications**

Remove this section in its entirety and insert the following:

#### ***Chapter 7.0 Taking Application***

*Families wishing to apply for the Public Housing Program will be requires to complete and application for housing assistance. Applications may be submitted by applying online through the Tioga County Housing Authority website, [www.tbhra.org](http://www.tbhra.org)*

*Applications are taken to compile a waiting list. Due to the demand for housing in the Tioga County Housing Authority jurisdiction, the Tioga County Housing Authority may take applications on an open enrollment basis, depending on the length of the waiting list.*

*Completed applications will be accepted for all applicants and the Tioga County Housing Authority will verify the information.*

*Applications may be submitted through the Tioga County Housing Authority website [www.tbhra.org](http://www.tbhra.org) The completed application will be dated and time stamped by the computer system and a confirmation assigned per application immediately following submittal. This confirmation number will be the applicant's official notification of received.*



*Persons with disabilities who require a reasonable accommodation in completing and application may call the Tioga County Housing Authority to make arrangements. A telecommunication device for the deaf (TDD) is available for the deaf. The TDD telephone number is (570) 638-2227.*

*The application process will involve two phases. The first phase is the initial application for housing assistance. This requires the family to provide limited basic information establishing any preferences to which they may be entitled. This first phase results in the family's placement on the waiting list.*

*The second phase is the final determination of eligibility. This takes place when the family nears the top of the waiting list. The Tioga County Housing Authority will ensure that verification of all preferences, eligibility, suitability and selection factors are current in order to determine the family's final eligibility for admission into the Public Housing Program.*

**Reason for Changes – The admission of the Authority's website and application submittal being adjusted to an online process.**

**Chapter 8 Eligibility for Admission**

**Section B – EIV System**

Renumber the existing Section B to Section C and the existing Section C to Section D Insert a new Section B as follows:

**Section B – EIV System**

*For each prospective tenant, the Tioga County Housing Authority shall at the time of the eligibility interview print and maintain on file a copy of the EIV Existing Tenant Search results.*

*If the applicant or members of applicant's household are identified by EIV as currently being assisted at or owes a debt to, another Multifamily Housing or Public and Indian Housing (PIH) location, the Tioga County Housing Authority shall discuss these findings with the appropriate member(s) of applicant household and provide the opportunity to explain the circumstances relative to being assisted at, or owing a debt to, another housing provider.*

*The Tioga County Housing Authority shall follow up with the respective housing provider to confirm the applicant's program participation status or debt owed before admission. If necessary the Tioga County Housing Authority will coordinate move-in/move-out dates with the other housing provider at the other location.*

*The Tioga County Housing Authority shall retain Existing Tenant Search results, as well as any related additional documentation, with the application.*

**Reason for Changes – To include new HUD requirements concerning use of the previous tenant report in the EIV System.**

**Chapter 10.0 - Tenant Selection and assignment**

Remove this section in its entirety and insert the following:

**Section 10.1 Preferences**

*The Tioga County Housing Authority will select families based on the following preferences within each bedroom size category:*

*A. Residency preferences for families who live, work, or have been hired to work or who are attending school in Tioga County. This preference shall be worth 50 points.*

*B. Those who are involuntarily displaced by government action, flood, fire or as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws. This preference shall be worth 25 points.*

*C. Victims of domestic violence. This preference shall be worth 20 points.*

*D. Persons who are homeless. This preference shall be worth 15 points.*

*E. Those who have been employed 20 hours per week for the three months prior to submitting the application. This preference shall be worth 10 points.*

*F. Veterans and Veteran's families. This preference shall be worth 5 points.*

Points awarded for the above listed preferences shall be cumulative. Order of applicant selection among applicants with the same number of preference points shall be based on the state and time of the application. Table 1 provides a matrix of the various cumulative values of the preference listed above.

**Building Designed for the Elderly and Disabled:** Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

**Accessible Units:** Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come up to the top of the waiting list. Such applicants, however, must sign a release form stating that will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies. Any family required to transfer will be given a 30-day notice. A separate waiting list will be maintained for applicants that request a handicapped unit only.

**Reason for changes: Addition of the residence preference and point values of preferences.**

## **Chapter 10. Tenant Selection and Assignment Plan**

Insert section 10.9 which was not previously on the plan, as follows:

### ***Section 10.9 Physical Residency Requirement***

*The physical unit that the applicant signs the lease agreement for must become their principal residence. The tenant will be given 30 days from the date of the lease signing to physically move into the residence and change their mailing address to this location. Failure to do so allows the Tioga County Housing Authority the option of beginning the eviction process.*

**Reason for Change – To avoid applicants from renting units and not physically moving into them while keeping their primary residence elsewhere.**

## **Chapter 19.0 Violence Against Woman Act**

Addition of A, B, C & D under Section 19.1 as follows:

**Section 19.1 Violence Against Woman Act**

- A. Tioga County Housing Authority may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other “good cause” for termination of assistance, tenancy or occupancy rights of the victim of abuse.*
- B. The Tioga County Housing Authority may not consider criminal activity directly related to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that abuse.*
- C. The Tioga County Housing Authority may request in writing that the victim, or family member on the victim’s behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066 or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specific timeframe may result in eviction.*
- D. The Tioga County Housing Authority should be mindful that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk, e.g., the abuser may monitor the mail. Therefore, the Authority may require that the tenant appear in person to pick up the certification form and are encouraged to work with tenants to make delivery arrangements that do not place the tenant at risk.*

**Reason for Changes – To include new HUD requirements for the Violence Against Woman Act**

Section 8 Admissions and Occupancy Policy – List of  
Modifications  
March 2011

## Chapter 4.0 Managing the Waiting List

Remove this section in its entirety and insert the following:

### **Chapter 4.2 Taking Applications**

*Families wishing to apply for the Section 8 Program will be required to complete an application for housing assistance. Applications may be submitted by applying online through the Tioga County Housing Authority website, [www.tbhra.org](http://www.tbhra.org)*

*Applications are taken to compile a waiting list. Due to the demand for housing in the Tioga County Housing Authority jurisdiction, the Tioga County Housing Authority may take applications on an open enrollment basis, depending on the length of the waiting list.*

*Completed applications will be accepted for all applicants and the Tioga County Housing Authority will verify the information.*

*Applications may be submitted through the Tioga County Housing Authority website [www.tbhra.org](http://www.tbhra.org). The completed application will be dated and time stamped by the computer system and a confirmation assigned per application immediately following submittal. This confirmation number will be the applicant's official notification of receipt.*

*Persons with disabilities who require a reasonable accommodation in completing an application may call the Tioga County Housing Authority to make arrangements. A telecommunication device for the deaf (TDD) is available for the deaf. The TDD telephone number is (570) 638-2227.*

*The application process will involve two phases. The first phase is the initial application for housing assistance. This requires the family to provide limited basic information establishing any preferences to which they may be entitled. This first phase results in the family's placement on the waiting list.*

*The second phase is the final determination of eligibility. This takes place when the family nears the top of the waiting list. The Tioga County Housing Authority will ensure that verification of all preferences, eligibility, suitability and selection factors are current in order to determine the family's final eligibility for admission into the Section 8 Program.*

**Reason for Changes – The admission of the Authority's website and application submittal being adjusted to an online process.**

## Chapter 5.0 Selecting Families From The Waiting List

Change – 5.2 Preferences, Insert new Section A #1 & 3, Section B #1, 2 & 3

### 5.2 Preferences

#### *A. Local Preferences*

- 1. County Residency*
- 2. Involuntarily displaced person/family.*
- 3. Nursing Home Transition Program.*

#### *B. Preference Rule Definitions*

##### *1. County Residency*

*Residency preference for families who live, work, or have been hired to work in Tioga County or who are attending school in Tioga County.*

##### *2. Involuntary Displaced*

*Includes displaced because of fires, disasters, government action and victims of actual or threatened physical violence (applicant does not have to move out to qualify)*

*In order to qualify as involuntarily displaced, the applicant cannot have been re-housed in substandard housing. For this purpose, housing is not standard replacement housing if it is overcrowded.*

*Cause evictions are not included as displaced criteria*

##### *3. Nursing Home Transition*

*Provides preference consideration for Area Agency on Aging clients who are temporarily housed in nursing homes facility and no longer require nursing home care.*

**Reason for Change – To update preferences to include County Residency and Nursing Home Transition**

## Chapter 6. Assignment Of Bedroom Sizes (Subsidy Standards)

## Change - Insert Section 6.1.5

### **Section 6.1.5 EIV System**

*For each prospective tenant, the Tioga County Housing Authority shall at the time of the eligibility interview print and maintain on file a copy of the EIV Existing Tenant Search results.*

*If the applicant or members of applicants household are identified by EIV as currently being assisted at or owes a debt to, another Multifamily Housing or Public and Indian Housing (PIH) location, the PHA shall discuss these findings with the appropriate member(s) of applicant household and provide the opportunity to explain the circumstances relative to being assisted at, or owing a debt to, another housing provider.*

*The Tioga County Housing Authority shall follow up with the respective housing provider to confirm the applicant's program participation status or debt owed before admission. If necessary the PHA will coordinate move in/move-out dates with other housing provided at the other location. The Tioga County Housing shall retain Existing Tenant Search results, as well as any related additional documentation, with the application.*

### **Reason for Change – To include new HUD requirements concerning use of the previous tenant report in the EIV System.**

## Change - Chapter 19.0 to 20.0 and 20.0 to 21.0. Insert Chapter 19.0 and 22.0

### **Chapter 19. Termination of Contract**

#### **A. Suspension Due To Insufficient Funding**

*The Tioga County Housing Authority monitors income and expenditure data for the Housing Choice Voucher Program on a monthly basis. If at any time the Tioga County Housing Authority determines that insufficient funding is available to meet Housing Assistance Payment obligations, the Authority will take action to ensure fiscal solvency of the Housing Choice Voucher Program. The Authority will take the following actions to balance anticipated voucher program expenditures with voucher program income:*

- 1. Suspend issuances of vouchers to applicants from the Section 8 Voucher Program waiting list.*
- 2. Termination of vouchers previously issued to applicant, but not yet under assistance contract.*
- 3. Suspend assistance to current program participants:*

*In the event that the Tioga County Housing Authority must suspend assistance to current participants, such suspensions will be performed as follows:*

- a. The Tioga County Housing Authority will compile a list of all current participants. This participation list shall be in descending order of date of admission into the program (that is the oldest date of admission shall appear first).*
- b. The Tioga County Housing Authority will review the participant list and will initially exclude from the list all participating families which the Head of Household or Co Head of Household is elderly (defined as age 62 or older) or is disabled.*
- c. The Tioga County will then select non elderly/non disabled households from the participating list in order of program admission date, beginning with the participant with the oldest date.*
- d. The Tioga County Housing Authority will continue to select participants from the list until a sufficient number of participants are selected such that the sum of their monthly assistance payments are sufficient to reduce total monthly payments to an amount commensurate with program income*
- e. In the event that there are not sufficient numbers of elderly/non elderly disabled households available to reduce expenditures to the required level, then the Tioga County Housing Authority will select elderly/disabled households for suspension in the order of the household's program admission date (beginning with the oldest date of admission).*
- f. All participants selected for suspension as described in this section shall receive no less than 30 days written notification of the suspension of assistance. Such notice shall also be provided to the affected property owner.*
- g. Suspension of assistance under this section shall not be subject to the Tioga County Housing Authority's Grievance Policy and any participant suspended solely due to lack of sufficient funding shall not be entitled to a hearing to contest the Authority's action.*



- h. Suspension of assistance to the participant under this section shall result in termination of the Housing Assistance Payment Contract with the property owner on the same date as assistance to the participant is suspended. The Tioga County Housing Authority shall have no obligation for any additional assistance payments to the property owner beyond the date of suspension of assistance.*

#### *4. Restoration of Assistance.*

*Any participant whose assistance is suspended due solely to lack of sufficient funding may be entitled to reinstatement of assistance. Reinstatement shall be available to any suspended participant who, as of the date of the reinstatement offer, is not already receiving another form of subsidized housing assistance. Such other subsidized housing assistance shall mean a housing program in which the participant is required to pay no more than 30% of their adjusted income for rent and utilities:*

- a. Assistance shall be reinstated in the same order in which assistance was originally suspended. However, reinstatement may be subject to termination of participation in the event the participant has engaged in an act or acts during suspension period, which act or acts would result in program termination had the assistance suspension not been in effect. For example is during the suspension period the participant engages in a criminal act which would have resulted in a termination action had assistance not be suspended. In the event of such a termination action, all requirements in this policy governing termination of program participant shall be in effect.*
- b. Reinstatement will include the execution of a new Housing Assistance Payment contract with the property owner. If at the time of reinstatement the new HAP contract is executed for the same dwelling occupied by the participant at the time of assistance suspension, the Tioga County Housing Authority shall have no obligation for assistance payments during the time period in which the suspension action was in effect.*
- c. When offered the opportunity doe reinstatement, the affected participants will be subject to the procedures outlined in this policy for new participants, including but*

- d. *In no event shall the Tioga County Housing Authority admit any new participant families from the waiting list nor absorb any incoming portable voucher holders until all eligible participants with suspension assistance have been offered the opportunity for reinstatement.*
- e. *All suspended participants shall be notified in writing of the offer of reinstatement. Such written notice shall be sent to the last known mailing address provided by the participant. Failure of the participant to respond to the offer of reinstatement within 30 days shall be grounds for termination of assistance in accordance with the procedures for termination outlined in this Administrative Plan.*

#### *4. Multiple Suspension Events*

- a. *In the event that the Tioga County Housing Authority must suspend assistance on more than one occasion, additional restrictions on suspension will take effect. In no case shall any participant be subject to a 2<sup>nd</sup> or subsequent suspension event until all participants have been subject to suspension.*

#### *5. Treatment of Suspended Participants during suspension*

- a. *Any participants with suspended assistance shall remain a current program participant. As such reinstatement of assistance shall not be considered a new program admission for purposes of the income targeting requirements outlined in this Administrative Plan.*

### **Reason for Change – Describe procedures to deal with reduction of HAP costs due to insufficient funding.**

## **II. 22.0 PROJECT BASED VOUCHER PROGRAM**

### *A. Purpose*

*The Tioga County Housing Authority's project based voucher program is established to provide safe and affordable housing*

*opportunities for elderly, disabled, and/or severely economically disadvantaged families. Persons who are elderly and/or have disabilities or who are economically disadvantaged must be offered supportive services as a condition of occupancy.*

*Supportive housing services include but are not limited to:*

- a private apartment;*
- a service coordinator to help residents arrange for services;*
- personal care services;*
- housekeeping and laundry assistance;*
- transportation;*
- social activities;*
- help with chores;*

#### **B. Procurement**

*Units selected for project-based assistance are units for which competitively awarded 9 percent housing tax credits have been provided. Owners who have received competitively awarded 9 percent housing tax credits must make a written request to Tioga County Housing Authority for project-based voucher assistance within 3 years from the date of their award. Tioga County Housing Authority will require the owner to submit an application based upon selection criteria. All units must meet selection criteria.*

*If a request for proposals is initiated by Tioga County Housing Authority, Tioga County Housing Authority will publicly advertise the availability of project-based assistance for a specific number of units through a written application method. The request for proposal application will contain selection criteria that shall not limit proposals to a single site or impose restrictions that would preclude proposals for different sites. A deadline for submission for proposals will be required. A public advertisement will be placed in Wellsboro Gazette.*

#### **C. Selection Criteria**

*Proposals for project-based assistance may be requested for new or existing structures or structures that will undergo rehabilitation. The type of units sought for project based assistance may have special conditions that are created to achieve a desired housing outcome for the type of families targeted to receive housing assistance and/or to create affordable housing opportunities in specific geographic areas meeting site selection criteria. Site selection criteria will be included as part of the proposal in order to inform prospective bidders of the methodology used to evaluate proposals.*

D. *Evaluation of Applications*

*Applications will be judged individually and may be approved for project based assistance if:*

- 1. The application meets proposal requirements and the purposes described above;*
- 2. The application meets site selection standards set by HUD pursuant to 24CFR Part 983;*
- 3. Time tables for contract execution are met;*
- 4. The owner is in good standing with HUD and TIOGA COUNTY Housing Authority; and,*
- 5. The application is consistent with project based voucher regulations.*

*The Tioga County Housing Authority reserves the right to reduce the number of project-based units that have been requested.*

E. *Award of Project Based Contracts*

*Project based contracts will be approved by the Tioga County Housing Authority Board of Commissioners. Tioga County Housing Authority shall give prompt written notice of such selection to the party that submitted the proposal and prompt public notice of such selection.*

F. *Participant Rights and Responsibilities*

*Admission, tenant rent contributions, occupancy, tenancy, annual reexaminations, and housing quality standards and policies for participants will be governed by 24CFR Parts 982, 983 and this Administrative Plan. Voucher issuance and portability are restricted while the family participates in the project based voucher program. Tenants must comply with HUD's list of family obligations and Administrative Plan requirements.*

G. *Tioga County Housing Authority Responsibilities*

*Tioga County Housing Authority's project-based voucher program will comply with HUD and Tioga County Housing Authority regulations and policies. If Tioga County Housing Authority owned units are selected for project-based voucher assistance, TCHA will be required to allow a HUD filed office review of the TCHA's proposal and selection process.*

**Reason for Change – Initiate more stable affordable housing in the County to address the current affordable housing crisis as a result of the local Marcellus Shale Gas Play situation.**

## Rent Determination Policies

Rent determination policies are explained in detail in the Authority's Public Housing Admissions and Occupancy Policy and the Authority's Section 8 Administrative Plan. Copies of both documents are available at the Authority's Administrative Offices and are also available from the Authority's website – <http://www.tbhra.com>

## Minutes

### Tioga County Housing Authority

March 28, 2011

The regular meeting of the Tioga County Housing Authority was held at the Lambs Creek Inn in Wellsboro at 12:00 noon on March 29, 2010. The Following members were present; Peter Lupkowski, Leo Parchesky, and Jody Thomas. Also present were Jim McRath, Kelley Cevette, Victoria Powers, Charlie Bourque, Priscilla Walrath; solicitor, Rebecca Hazen of the Wellsboro Gazette, and Cheryl Clark from the Williamsport Sun Gazette.

Chairperson, Jody Thomas called the meeting to order. The minutes from the February 21, 2011 meeting were reviewed. On motion by Peter Lupkowski, seconded by Leo Parchesky the minutes were accepted as written. All members in favor.

EXHIBIT TH 3-11-1

The bills for January 2011 were reviewed. On motion by Leo Parchesky, seconded by Peter Lupkowski the February bills were approved. All members in favor.

EXHIBIT TH 3-11-2

The Occupancy report was reviewed for both Public Housing and Section 8. There was no action was needed.

EXHIBIT TH 3-11-3

Resolution approving the Annual Public Housing Agency Plan and 5 Year Plan was reviewed. As part of the Plan the changes to the Admissions & Occupancy were also reviewed. On motion by Leo Parchesky, seconded by Peter Lupkowski the resolution approving the 2011 Annual Agency Plan and 5-Year Capital Improvement Plan was approved. All members in favor.

EXHIBIT TH 3-11-4

A resolution approving the renewal contract for the Single Room Occupancy Shelter Plus Care for United Christian Ministries, Inc. was reviewed. On motion by Leo Parchesky, seconded by Evelyn Pletcher, the renewal contract was approved. All members in favor.

EXHIBIT TH 3-11-6

#### Board Information:

Charlie did a presentation on the paperless system TenDoc's which is offered through our software provider Tenmast. The Board members were given documentation

on the costs and benefits to going paperless in the Authority. There was a discussion about the how this would be implemented. On motion by Leo Parchesky, seconded by Peter Lupkowski the TenDoc's system was approved for purchase. All members in favor.

There was discussion about the possibility of Board members receiving their monthly Board Package through email. Peter indicated that he preferred this form as well as Priscilla. Jody and Leo indicated that for now they would prefer to still receive theirs through the mail. Both reporters indicated that email notification of a meeting would be fine. Both should be emailed the agenda in the future.

Jim presented the Board with the results from the Capital Grant Bids that were held Friday, March 25<sup>th</sup>. We did not receive bids for the General Contracting, there was only one bid for Mechanical Contracting which was three times higher than the estimate by the Architect and Engineer. Both areas will go out for a re-bid.

The bid for the installation of tub cuts was below the estimate of the architect and engineer. On motion by Leo Parchesky, seconded by Peter Lupkowski the bid for tub cuts by Bath Pros, Inc, for \$62,675.00 was accepted. All members in favor.

On motion duly made and seconded, the meeting of the Housing Authority was adjourned. The next meeting will be a joint meeting with the Bradford County Board on April 26<sup>th</sup> in Troy.

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Secretary

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Chairperson



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b>  Tioga County Housing Authority		<b>Grant Type and Number:</b> Capital Fund Program Grant No.: <b>PA26P05050109</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:</b> <u>2009</u> <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual statement (revision no: _____) <input checked="" type="checkbox"/> Performance and Evaluation report for Program Year Ending <u>12/31/2010</u> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised 2	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	8,908.00	27,055.00	27,055.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 20)	62,945.00	62,945.00	62,945.00	62,945.00
5	1411 Audit	1,000.00	1,000.00	1,000.00	1,000.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	40,000.00	29,046.00	29,046.00	26,675.58
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	20,000.00	33,362.00	33,362.00	30,025.39
10	1460 Dwelling Structures	429,600.00	457,447.00	457,447.00	288,039.16
11	1465.1 Dwelling Equipment - Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	45,000.00	3,458.00	3,458.00	3,112.61
13	1475 Non-dwelling Equipment	22,000.00	15,140.00	15,140.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
17	1499 Development Activities <sup>4</sup>	0.00	0.00	0.00	0.00
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant (sum of lines 2 - 19)	629,453.00	629,453.00	629,453.00	411,797.74
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	15,000.00	136,698.00	136,698.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	173,630.00	96,479.00	96,479.00	0.00

<sup>1</sup> To be completed for the Performance and Evaluation Report.


<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name:  Tioga County Housing Authority		<b>Grant Type and Number:</b> Capital Fund Program Grant No.: <b>PA26P05050109</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:</b> 2009  <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual statement (revision no: <u>  2  </u> ) <input type="checkbox"/> Performance and Evaluation report for Program Year Ending _____ <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director 		Date 12/31/2010		Signature of Public Housing Director  Date	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

<b>Part II: Supporting Pages</b>								
PHA Name: Tioga County Housing Authority			Grant Type and Number: Capital Fund Program Grant No.: PA26P05050109 CFFP (Yes/No): No Replacement Housing Factor Grant No.: <u>                    </u>					Federal FY of Grant: 2009
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised 2	Funds Obligated	Funds Expended	
<b>AMP 1</b>								
PA 50-1	Generator	1460	1	16,000.00	16,000.00	16,000.00	1,575.00	A; 7/10 - C:
PA 50-2	Security System	1460	1	10,000.00	36,665.00	36,665.00	36,662.26	A; 7/10 - C:
PA 50-4	Security System	1460	1	5,000.00	31,733.00	31,733.00	31,732.98	A; 7/10 - C:
PA 50-4	Roof Replacement A & B Buildings	1460	11320 sq ft	96,630.00	81,339.00	81,339.00	67,400.10	A; 7/10 - C:
	<b>AMP 1 Total</b>			<b>127,630.00</b>	<b>165,737.00</b>	<b>165,737.00</b>	<b>137,370.34</b>	
<b>AMP 2</b>								
PA 50-3	Hallway Flooring Replacement	1460	5000 sq ft	50,000.00	32,034.00	32,034.00	23,151.42	A; 7/10 - C:
PA 50-3	Kitchen Upgrades Phase I	1460	64 Units	80,000.00	104,928.00	104,928.00	51,109.50	A; 7/10 - C:
PA 50-3	Lighting Upgrades	1460	150	10,000.00	31,950.00	31,950.00	7,650.00	A; 7/10 - C:
	<b>AMP 2 Total</b>			<b>140,000.00</b>	<b>168,912.00</b>	<b>168,912.00</b>	<b>81,910.92</b>	
<b>AMP 3</b>								
PA 50-6	Fire Alarm System Replacement	1460	1	55,000.00	68,000.00	68,000.00	19,440.00	A; 7/10 - C:
PA 50-6	Efficiency Conversion	1460	2	30,970.00	0.00	0.00	0.00	Deleted
PA 50-6	Flooring in Office Building	1470	1200 sq ft	5,000.00	3,458.00	3,458.00	3,112.61	A; 7/10 - C:
PA 50-6	Tenant Storage / Garage	1470	720 sq ft	40,000.00	0.00	0.00	0.00	Moved to 2012
PA 50-7	Flooring in Bathrooms	1460	600 sq ft	6,000.00	6,402.00	6,402.00	5,761.80	A; 7/10 - C:
PA 50-7	Concrete Pads	1450	1500 sq ft	15,000.00	10,931.00	10,931.00	9,837.63	A; 7/10 - C:
PA 50-7	Fence in Ball Field, Private for Tenant Use	1475	1	15,000.00	0.00	0.00	0.00	Deleted
	Authority Owned - On Family Project Property							

<sup>1</sup> To be completed for the Performance and Evaluation Report or a revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a revised Annual Statement

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:  Tioga County Housing Authority				Federal FFY of Grant:  2009	
Development Number/Name  HA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PA 50-1	9/14/2011	9/30/2010	9/14/2013		
PA 50-2	9/14/2011	9/30/2010	9/14/2013		
PA 50-3	9/14/2011	9/30/2010	9/14/2013		
PA 50-4	9/14/2011	9/30/2010	9/14/2013		
PA 50-5	9/14/2011	9/30/2010	9/14/2013		
PA 50-6	9/14/2011	9/30/2010	9/14/2013		
PA 50-7	9/14/2011	9/30/2010	9/14/2013		
PA 50-8	9/14/2011	9/30/2010	9/14/2013		
PA 50-9	9/14/2011	9/30/2010	9/14/2013		
PA 50-10	9/14/2011	9/30/2010	9/14/2013		
PA 50-11	9/14/2011	9/30/2010	9/14/2013		
PA 50-12	9/14/2011	9/30/2010	9/14/2013		
PHA WIDE	9/14/2011	12/31/2010	9/14/2013		

<sup>1</sup> Obligation and expenditure end dates can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b>  Tioga County Housing Authority		<b>Grant Type and Number:</b> Capital Fund Program Grant No.: <b>PA26P050501-10</b> Date of CFFP: _____			<b>FFY of Grant:</b> 2010  <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual statement (revision no: _____) <input checked="" type="checkbox"/> Performance and Evaluation report for Program Year Ending 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	0.00			
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	9,139.00	9,581.00	0.00	0.00
3	1408 Management Improvements	0.00			
4	1410 Administration (may not exceed 10% of line 20)	62,900.00	62,458.00	62,458.00	31,228.00
5	1411 Audit	1,000.00	1,000.00	0.00	0.00
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	30,800.00	30,800.00	0.00	0.00
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	70,000.00	70,000.00	0.00	0.00
10	1460 Dwelling Structures	415,750.00	415,750.00	0.00	
11	1465.1 Dwelling Equipment - Nonexpendable	0.00			
12	1470 Non-dwelling Structures	35,000.00	35,000.00	0.00	0.00
13	1475 Non-dwelling Equipment	0.00			
14	1485 Demolition	0.00			
15	1492 Moving to Work Demonstration	0.00			
16	1495.1 Relocation Costs	0.00			
17	1499 Development Activities <sup>4</sup>	0.00			
18a	1501 Collateralization or Debt Service paid by the PHA	0.00			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00			
19	1502 Contingency (may not exceed 8% of line 20)	0.00			
20	Amount of Annual Grant (sum of lines 2 - 19)	624,589.00	624,589.00	62,458.00	31,228.00
21	Amount of line 20 Related to LBP Activities	0.00			
22	Amount of line 20 Related to Section 504 Activities	0.00			
23	Amount of line 20 Related to Security - Soft Costs	0.00			
24	Amount of line 20 Related to Security - Hard Costs	0.00			
25	Amount of line 20 Related to Energy Conservation Measures	0.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name:  Tioga County Housing Authority		Grant Type and Number: Capital Fund Program Grant No.: PA26P050501-10 Date of CFFP: _____		Replacement Housing Factor Grant No: FFY of Grant: 2010 FFY of Grant Approval: _____	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual statement (revision no: _____) <input type="checkbox"/> Performance and Evaluation report for Program Year Ending _____ <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director _____		Date 12/31/2010	Signature of Public Housing Director <i>Deanne S. Seyler</i>		Date 6/13/11

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

<b>Part II: Supporting Pages</b>								
PHA Name: Tioga County Housing Authority			Grant Type and Number: Capital Fund Program Grant No.: PA26P050501-10 Replacement Housing Factor Grant No.: CFFP (Yes/No): No				Federal FY of Grant: 2010	
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<b>AMP 1</b>								
PA 50-1	Replace Exterior Siding	1460	16 Bldgs	115,000.00	115,000.00			
	Handicap Accessibility Improvements	1460	1	12,000.00	12,000.00			
PA 50-2	Remove Trees	1450	5	5,000.00	5,000.00			
	Install Fence	1450	300 LF	10,000.00	10,000.00			
	Lighting Upgrades Occ. Sensors	1460	1	10,000.00	10,000.00			
PA 50-4	Replace Gas Service	1450	240 lf	5,000.00	5,000.00			
	Tub Safeway Steps	1460	19	14,250.00	14,250.00			
	Replace Sidewalks	1450	600 SF	5,000.00	5,000.00			
	<b>AMP 1 Total</b>			<b>176,250.00</b>	<b>176,250.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>AMP 2</b>								
PA 50-3	Sidewalk & Drainage	1450	500 SQ FT	15,000.00	15,000.00			
	Gutter and Downspout Replacement	1460	360 lf	4,000.00	4,000.00			
	Kitchen Upgrades Phase II	1460	40 Units	20,000.00	20,000.00			
	Tub Safeway Steps	1460	50	30,000.00	30,000.00			
PA 50-8	Landscaping	1450	500 SQ FT	10,000.00	10,000.00			
	Maintenance Garage / Storage	1470	576 sqf	35,000.00	35,000.00			
	Exterior Restoration / Re-Caulking	1460	3400 sqf	50,000.00	50,000.00			
	Tub Safeway Steps	1460	30	20,000.00	20,000.00			
	Lighting Upgrades Occ. Sensors	1460	2	20,000.00	20,000.00			
	<b>AMP 2 Total</b>			<b>204,000.00</b>	<b>204,000.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>AMP 3</b>								
50-6	Repave Parking South Side Lot	1450	1200 SF	10,000.00	10,000.00			
	Lighting Upgrades Occ. Sensors	1460	2	10,000.00	10,000.00			
	Front Door Replacement / Panic Hardware	1460	8	12,000.00	12,000.00			
	Apartment Handicap Upgrades	1460	1	15,000.00	15,000.00			
50-7	Landscaping	1450	500 SQ FT	10,000.00	10,000.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report.



U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

<sup>2</sup> To be completed for the Performance and Evaluation Report.



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

**Part III: Implementation Schedule for Capital Fund Financing Program**

PHA Name:

Tioga County Housing Authority

Federal FFY of Grant:

2010

Development Number/Name	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-Wide Activities					
PA 50-1	9/14/2011		9/14/2013		
PA 50-2	9/14/2011		9/14/2013		
PA 50-3	9/14/2011		9/14/2013		
PA 50-4	9/14/2011		9/14/2013		
PA 50-5	9/14/2011		9/14/2013		
PA 50-6	9/14/2011		9/14/2013		
PA 50-7	9/14/2011		9/14/2013		
PA 50-8	9/14/2011		9/14/2013		
PA 50-9	9/14/2011		9/14/2013		
PA 50-10	9/14/2011		9/14/2013		
PA 50-11	9/14/2011		9/14/2013		
PA 50-12	9/14/2011		9/14/2013		
PHA WIDE	9/14/2011		9/14/2013		

<sup>1</sup> Obligation and expenditure end dates can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b>  Tioga County Housing Authority		<b>Grant Type and Number:</b> Capital Fund Program Grant No.: <b>PA26P05050109</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:</b> 2011  <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual statement (revision no: _____) <input type="checkbox"/> Performance and Evaluation report for Program Year Ending _____ <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds		0.00	0.00	0.00
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	28,129.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 20)	62,460.00	0.00	0.00	0.00
5	1411 Audit	1,000.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	30,000.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	50,000.00	0.00	0.00	0.00
10	1460 Dwelling Structures	265,500.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment - Nonexpendable	38,000.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	114,500.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	35,000.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
17	1499 Development Activities <sup>4</sup>	0.00	0.00	0.00	0.00
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant (sum of lines 2 - 19)	624,589.00	0.00	0.00	0.00
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>										
PHA Name:  Tioga County Housing Authority	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none; padding: 2px;"> <b>Grant Type and Number:</b>                      Capital Fund Program Grant No.: <b>PA26P050501-11</b>                      Date of CFFP: _____                 </td> <td style="width: 40%; border: none; padding: 2px;">                     Replacement Housing Factor Grant No: _____                 </td> </tr> <tr> <td colspan="2" style="border: none; padding: 2px;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 2px;"> <b>FFY of Grant:</b>                      2011                 </td> <td style="width: 50%; border: none; padding: 2px;"> <b>FFY of Grant Approval:</b>                      _____                 </td> </tr> </table> </td> </tr> </table>	<b>Grant Type and Number:</b> Capital Fund Program Grant No.: <b>PA26P050501-11</b> Date of CFFP: _____	Replacement Housing Factor Grant No: _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 2px;"> <b>FFY of Grant:</b>                      2011                 </td> <td style="width: 50%; border: none; padding: 2px;"> <b>FFY of Grant Approval:</b>                      _____                 </td> </tr> </table>		<b>FFY of Grant:</b> 2011	<b>FFY of Grant Approval:</b> _____			
<b>Grant Type and Number:</b> Capital Fund Program Grant No.: <b>PA26P050501-11</b> Date of CFFP: _____	Replacement Housing Factor Grant No: _____									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 2px;"> <b>FFY of Grant:</b>                      2011                 </td> <td style="width: 50%; border: none; padding: 2px;"> <b>FFY of Grant Approval:</b>                      _____                 </td> </tr> </table>		<b>FFY of Grant:</b> 2011	<b>FFY of Grant Approval:</b> _____							
<b>FFY of Grant:</b> 2011	<b>FFY of Grant Approval:</b> _____									
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual statement (revision no: _____) <input type="checkbox"/> Performance and Evaluation report for Program Year Ending _____ <input type="checkbox"/> Final Performance and Evaluation Report										
Line	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none; padding: 2px;">Summary by Development Account</td> <td style="width: 20%; border: none; padding: 2px; text-align: center;">Total Estimated Cost</td> <td style="width: 40%; border: none; padding: 2px; text-align: center;">Total Actual Cost<sup>1</sup></td> </tr> <tr> <td style="border: none; padding: 2px;"></td> <td style="border: none; padding: 2px; text-align: center;">Original</td> <td style="border: none; padding: 2px; text-align: center;">Revised<sup>2</sup></td> </tr> <tr> <td style="border: none; padding: 2px;"></td> <td style="border: none; padding: 2px; text-align: center;">Obligated</td> <td style="border: none; padding: 2px; text-align: center;">Expended</td> </tr> </table>	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>		Original	Revised <sup>2</sup>		Obligated	Expended
Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>								
	Original	Revised <sup>2</sup>								
	Obligated	Expended								
Signature of Executive Director  <div style="text-align: center; font-family: cursive; color: blue; font-size: 1.2em;">                     Kelly Cuvette                 </div>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 2px;"> <b>Signature of Public Housing Director</b>   <div style="text-align: center; font-family: cursive; font-size: 1.2em;">                         Dean B. Bellinger                     </div> </td> <td style="width: 50%; border: none; padding: 2px;"> <b>Date</b>   <div style="text-align: center; font-size: 1.2em;">                         8/3/11                     </div> </td> </tr> </table>	<b>Signature of Public Housing Director</b>  <div style="text-align: center; font-family: cursive; font-size: 1.2em;">                         Dean B. Bellinger                     </div>	<b>Date</b>  <div style="text-align: center; font-size: 1.2em;">                         8/3/11                     </div>							
<b>Signature of Public Housing Director</b>  <div style="text-align: center; font-family: cursive; font-size: 1.2em;">                         Dean B. Bellinger                     </div>	<b>Date</b>  <div style="text-align: center; font-size: 1.2em;">                         8/3/11                     </div>									
Date  7/29/2011										

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

<b>Part II: Supporting Pages</b>								
PHA Name:		Grant Type and Number:						Federal FY of Grant:
Tioga County Housing Authority		Capital Fund Program Grant No.: PA26P05050109 CFFP (Yes/No): No						2011
		Replacement Housing Factor Grant No.:						
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<b>AMP1</b>								
PA 50-1	Resurface Back Parking & Add Spaces	1450	300 SqFt	5,000.00				
PA 50-2	Storage Room Upgrades	1470	1	10,000.00				
PA 50-4	Additional Outside Lights	1450	6	5,000.00				
	New Project Sign	1450	1	3,000.00				
	New Flagpole w/ Lights	1450	1	2,000.00				
PA 50-5	Re Pave Parking Lot	1450	12720 SF	20,000.00				
	Replace Roofs	1460	15000 SF	50,000.00				
	<b>AMP 1 Total</b>			95,000.00				
<b>AMP2</b>								
PA 50-3	Replace Stoves	1465	82	30,000.00				
	Replace Heaterline Valves (40) & Pumps (40)	1460	30LF & 40	30,000.00				
	Sewer Line Repair Courtyard & D Bldg	1460	30 LF	15,000.00				
PA 50-8	Replace 10 Refrigerators & Stoves	1465	20	8,000.00				
	Install Emergency Call Restrooms	1470	2	2,000.00				
	<b>AMP 2 Total</b>			85,000.00				
PA 50-6	Convert old Elevator room to Storage	1470	1	5,000.00				
	Tub Safeway Steps	1460	30	22,500.00				
PA 50-7	Install Shut offson washing maxhines	1470	20	3,000.00				
	Replace gate valves and water heaters	1475	20	10,000.00				
	Replace back doors and handsets	1470	20	20,000.00				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

<b>Part II: Supporting Pages</b>								
PHA Name:			Grant Type and Number:					Federal FY of Grant:
Tioga County Housing Authority			Capital Fund Program Grant No.:		PA26P05050109		CFFP (Yes/No): No	2011
			Replacement Housing Factor Grant No.:					
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>AMP 3</b>								
PA 50-9	Replace Domestic Water Heaters	1475	3	25,000.00				
	Replace Unit Plumbing Valves	1460	20	10,000.00				
	Install New Cable TV lines to units	1460	50 Units	18,000.00				
	Install Winter Enclosure on Pavilion	1470	400 Sq Ft	3,500.00				
	Replace Concrete Floor Pavilion	1470	800 Sq Ft	5,000.00				
	Replace Common Room Exit Doors	1470	4	10,000.00				
PA 50-10	Upgrade Unit Plumbing Valves and Pipes	1460	20 Units	4,000.00				
	Install new Carbon Monoxide / Smoke Detectors	1460	20 Units	5,000.00				
	Replace Water Heaters	1470	20	12,000.00				
PA 50-11	Upgrade Unit Plumbing Valves and Pipes	1460	30 Units	6,000.00				
	Install new Carbon Monoxide / Smoke Detectors	1460	30 Units	7,000.00				
	Install Porch Roofs & Concrete Slabs	1460	12 Units	48,000.00				
	Replace Water Heaters & Valves	1470	30	22,000.00				
PA 50-12	Replace Water Heaters & Valves.	1470	30	22,000.00				
	Resurface Elderly Parking Lot	1450	8000 sq ft	15,000.00				
	Siding Replacements	1460	11 Bldgs	50,000.00				
	<b>AMP 3 Total</b>			323,000.00				
	Operations	1406		28,129.00				
	Administrative Fees	1410		62,460.00				
	Audit Expense	1411		1,000.00				
	Architect Fees	1430		30,000.00				
	<b>PHA Wide Total</b>			121,589.00				
	<b>Grand Total</b>			624,589.00				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name:  Tioga County Housing Authority					Federal FFY of Grant:  2009
Development Number/Name  HA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PA 50-1	6/1/2011		6/1/2013		
PA 50-2	6/1/2011		6/1/2013		
PA 50-3	6/1/2011		6/1/2013		
PA 50-4	6/1/2011		6/1/2013		
PA 50-5	6/1/2011		6/1/2013		
PA 50-6	6/1/2011		6/1/2013		
PA 50-7	6/1/2011		6/1/2013		
PA 50-8	6/1/2011		6/1/2013		
PA 50-9	6/1/2011		6/1/2013		
PA 50-10	6/1/2011		6/1/2013		
PA 50-11	6/1/2011		6/1/2013		
PA 50-12	6/1/2011		6/1/2013		
PHA WIDE	6/1/2011		6/1/2013		

<sup>1</sup> Obligation and expenditure end dates can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

**Part I: Summary**

<b>PHA Name:</b>  Tioga County Housing Authority	<b>Grant Type and Number:</b> Capital Fund Program Grant No.: PA26S050501-09      Replacement Housing Factor Grant No: Date of CFFP: _____	<b>FFY of Grant:</b> <u>2009 CFRG</u> <b>FFY of Grant Approval:</b> _____
--	--	--

**Type of Grant**

☐ Original Annual Statement     
☐ Reserve for Disasters/Emergencies     
☐ Revised Annual statement (revision no: \_\_\_\_\_)

☒ Performance and Evaluation report for Program Year Ending 12/31/2010     
☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revision 1	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 20)	72,817.00	59,254.23	59,254.23	59,254.23
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	61,500.00	62,262.77	62,262.77	62,262.77
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	40,000.00	13,365.00	13,365.00	13,365.00
10	1460 Dwelling Structures	548,500.00	571,235.00	571,235.00	608,235.00
11	1465.1 Dwelling Equipment - Nonexpendable	24,600.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	45,000.00	57,900.00	57,900.00	20,900.00
13	1475 Non-dwelling Equipment	15,000.00	43,400.00	43,400.00	43,400.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
17	1499 Development Activities <sup>4</sup>	0.00	0.00	0.00	0.00
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant (sum of lines 2 - 19)	807,417.00	807,417.00	807,417.00	807,417.00
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	40,000.00	34,885.00	34,885.00	34,885.00
25	Amount of line 20 Related to Energy Conservation Measures	229,000.00	239,723.89	239,723.89	239,723.89

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>									
PIHA Name:  Tioga County Housing Authority	Grant Type and Number: Capital Fund Program Grant No.: PA26S050501-09 Replacement Housing Factor Grant No.: Date of CFFP: _____								
	FFY of Grant: 2009 CFRG FFY of Grant Approval: _____								
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual statement (revision no: _____)									
<input checked="" type="checkbox"/> Performance and Evaluation report for Program Year Ending 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report									
Line	Summary by Development Account								
	<table border="1"> <tr> <th colspan="2">Total Estimated Cost</th> <th colspan="2">Total Actual Cost<sup>1</sup></th> </tr> <tr> <th>Original</th> <th>Revised 1</th> <th>Obligated</th> <th>Expended</th> </tr> </table>	Total Estimated Cost		Total Actual Cost <sup>1</sup>		Original	Revised 1	Obligated	Expended
Total Estimated Cost		Total Actual Cost <sup>1</sup>							
Original	Revised 1	Obligated	Expended						
Signature of Executive Director	Date: 12/31/10 Signature of Public Housing Director: <i>Dorcas G. Selys</i> Date: 6/13/11								

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

[illegible]

<sup>4</sup> To be completed for the Performance and Evaluation Report

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

Part II: Supporting Pages								
PHA Name:			Grant Type and Number:					Federal FY of Grant:
Tioga County Housing Authority			Capital Fund Program Grant No.:		PA26S050501-09	CFFP (Yes/No): No		2009 CFRG Funding
Replacement Housing Factor Grant No.:								
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised 1	Funds Obligated (2)	Funds Expended (2)	
PHA 50-6	Replace Unit Water Heater System	1460	1	13,000.00	37,000.00	37,000.00	37,000.00	From 2009 on 08 5 year
	Repair sidewalk on property (damaged blocks)	1450	280 sqf	10,000.00	6,385.00	6,385.00	6,385.00	Amended in to 08 5 year
	Install Security System (cameras, DVR, Monitors)	1460	1	10,000.00	9,995.00	9,995.00	9,995.00	From 2011 on 08 5 year
PHA 50-7	Replace Vinyl Siding on 4 buildings & garage	1460	5300 sq f	60,000.00	48,690.00	48,690.00	48,690.00	From 2010 on 08 5 year
	Replace Toilets with Low flush volume units	1460	20	6,000.00	7,000.00	7,000.00	7,000.00	Amended in to 08 5 year
	Install Security System (cameras, DVR, Monitors)	1460	1	20,000.00	17,695.00	17,695.00	17,695.00	Amended in to 08 5 year
PHA 50-9	Install Security System (cameras, DVR, Monitors)	1460	1	10,000.00	7,195.00	7,195.00	7,195.00	From 2011 on 08 5 year
	Replace Fire Alarm System, add strobes (50 Units)	1460	1	50,000.00	37,650.00	37,650.00	37,650.00	From 2009 on 08 5 year
	Replace carpet in common areas and hallways	1460	5400 sq f	40,000.00	25,000.00	25,000.00	25,000.00	Amended in to 08 5 year
PHA 50-10	Upgrade Bath Exhaust Fans w/ switches	1460	20	4,000.00	16,885.00	16,885.00	16,885.00	From 2012 on 08 5 year
PHA 50-11	Replace Overhead Door (Garage)	1470	1	1,500.00	1,400.00	1,400.00	1,400.00	From 2010 on 08 5 year
	Upgrade Bath Exhaust Fans w/ switches	1460	30	6,000.00	19,685.00	19,685.00	19,685.00	From 2012 on 08 5 year
	Repair sidewalk on property (damaged blocks)	1450	280 sq f	10,000.00	1,100.00	1,100.00	1,100.00	Amended in to 08 5 year
PHA 50-12	Move Mail Boxes from outside to inside	1475	10	5,000.00	1,400.00	1,400.00	1,400.00	From 2010 on 08 5 year
	Repair sidewalk on property (damaged blocks)	1450	280 sq f	10,000.00	1,300.00	1,300.00	1,300.00	From 2010 on 08 5 year
	Upgrade Bath Exhaust Fans w/ switches	1460	30	6,000.00	20,385.00	20,385.00	20,385.00	From 2012 on 08 5 year
	Replace Overhead Door (Garage)	1470	1	1,500.00	1,400.00	1,400.00	1,400.00	From 2010 on 08 5 year
AMP 3 TOTAL				263,000.00	260,165.00	260,165.00	260,165.00	
PHA Wide	Administrative Salary related to CFRG	1410		30,800.00	28,080.00	28,080.00	28,080.00	
	Administrative Exp (Sundry Items)	1410		5,517.00	6,517.00	6,517.00	6,517.00	
	Maintenance Salary Related to CFRG	1410		35,000.00	23,157.23	23,157.23	23,157.23	
	Audit of CFRG	1410		1,500.00	1,500.00	1,500.00	1,500.00	
	Fees & Costs: Architects & Engineering for \$673,100.00 in proposed projects	1430		59,700.00	59,700.00	59,700.00	59,700.00	
	Reimbursable Expenses related to services	1430		1,800.00	2,562.77	2,562.77	2,562.77	
PHA WIDE TOTAL				134,317.00	121,517.00	121,517.00	121,517.00	
CFRG GRANT TOTAL				807,417.00	807,417.00	807,417.00	807,417.00	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program, Capital Fund Program Replacement Housing Factor and**  
**Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

Part III: Implementation Schedule for Capital Fund Financing Program						
PHA Name:					Federal FFY of Grant:	
Tioga County Housing Authority					2009 CFRG Funding	
Development Number/Name  HA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
			60%	100%		
PA 50-1	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-2	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-3	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-4	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-5	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-6	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-7	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-8	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-9	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-10	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-11	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PA 50-12	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	
PHA WIDE	3/17/2010	12/31/2009	3/17/2011	3/17/2012	9/30/2010	

<sup>1</sup> Obligation and expenditure end dates can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Capital Fund Program - Five-Year Action Plan**

U. S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

**Part 1: Summary**

PHA Name Tioga County Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No.: _____				
Development A. Number and Name		Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	AMP-1 1450 Site Improvement	Annual Statement	0.00	17,000.00	0.00	5,000.00
C.	AMP-1 1460 Dwelling Structures		85,600.00	68,000.00	66,000.00	204,000.00
D.	AMP-1 1470 Non-Dwelling Structures		5,000.00	0.00	0.00	17,000.00
	AMP-1 1475 Non-Dwelling Equipment		0.00	15,000.00	0.00	1,000.00
	AMP-2 1450 Site Improvement		25,000.00	0.00	0.00	20,000.00
	AMP-2 1460 Dwelling Structures		156,000.00	176,000.00	54,000.00	88,000.00
	AMP-2 1465.1 Dwelling Equipment		0.00	0.00	0.00	25,000.00
	AMP-2 1475 Non-Dwelling Equipment		0.00	18,000.00	0.00	0.00
	AMP-2 1450 Site Improvement		0.00	10,000.00	0.00	17,000.00
	AMP-2 1460 Dwelling Structures		242,500.00	172,000.00	365,000.00	139,000.00
	AMP-2 1465.1 Dwelling Equipment		0.00	0.00	0.00	0.00
	AMP-2 1470 Non-Dwelling Structure		5,000.00	0.00	2,500.00	1,500.00
	AMP-2 1475 Non-Dwelling Equipment		0.00	1,000.00	0.00	0.00
	PHA Wide 1406 Operations		2,489.00	44,589.00	34,089.00	4,089.00
	PHA Wide 1410 MGT Fees		62,000.00	62,000.00	62,000.00	62,000.00
	PHA Wide 1411 Audit		1,000.00	1,000.00	1,000.00	1,000.00
	PHA Wide 1430 Fees & Costs Architect & Engineering		40,000.00	40,000.00	40,000.00	40,000.00
	Grand Total	624,589.00	624,589.00	624,589.00	624,589.00	

## Capital Fund Program Five-Year Action Plan

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226

**Expires 4/30/2011**

## Part II: Supporting Pages - Work Activities

Work	Work Statement for Year <u>2</u>				Activities for Year: <u>3</u>			
	FFYGrant 2012 PHA FY 2013				FFYGrant 2013 PHA FY 2014			
	Development Name/Number	Major Work Categories	Qty	Estimated Cost	Development Name/Number	Major Work Categories	Qty	Estimated Cost
	AMP 1				AMP 1			
	PA 50-1	1460			PA 50-1	1450		
		Replace Outlets, Switches, add bath light	16 apt	6,000.00		Replace Metal Shed	120 sqf	7,000.00
		Full Handicap Accessibility Apt #1	1	25,000.00				
		PA 50-1 TOTAL		31,000.00		1460		
						Tub Cuts	25	22,000.00
						Tile Floors in Apartments	7500 sqf	15,000.00
						PA 50-1 TOTAL		44,000.00
	PA 50-2	1460						
		Replace Common Area Flooring	5000 sqf	30,000.00	PA 50-2	1460		
		Replace Medicine Cabinets	48	9,600.00		Refinish Bathtubs	10	10,000.00
		Replace Electric Outlets Switches	48	15,000.00				
		PA 50-2 TOTAL		54,600.00		PA 50-2 TOTAL		10,000.00
	PA 50-4	1470			PA 50-4	1460		
		Replace Common Area Flooring	800 sqf	5,000.00		Replace electric outlets and switches	20	9,000.00
		PA 50-4 TOTAL		5,000.00		PA 50-4 TOTAL		9,000.00
					PA 50-5	1450		
						Handicap Accessible Ramp	40 lf	10,000.00
						1460		
						Install Firewalls in Attics	2400 sqf	10,000.00
						Replace Flooring	1000 sqf	2,000.00
						1475		
						Tractor, Cab, Broom, Blower	1	15,000.00
						PA 50-5 TOTAL		37,000.00

## Part II: Supporting Pages - Work Activities

## Part II: Supporting Pages - Work Activities

[illegible]



Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages - Work Activities

Activities for Year 1	Activities for Year: 2 FFY Grant: 2012 PHA FY: 2013				Activities for Year: 3 FFY Grant: 2013 PHA FY: 2014			
	Development Name/Number	Major Work Categories	Qty	Estimated Cost	Development Name/Number	Major Work Categories	Qty	Estimated Cost
See Annual Statement	AMP 2				AMP 2			
	PA 50-3	1450			PA 50-3	1460		
		Sidewalk replacement	500 sqf	25,000.00		Install flag light	1	1,000.00
						Upgrade Drainage below Bacon Street	150 lf	5,000.00
		1460						
		Replace Closet Doors	400	40,000.00		1475		
		Replace rusted panel boxes	2	4,000.00		Replace Lawn Tractor & Snow blower	1	18,000.00
		Replace Generator	1	50,000.00				
		Replace Boilers	2	60,000.00				
		PA 50-3 TOTAL		179,000.00		PA 50-3 TOTAL		24,000.00
	PA 50-8	1460			PA 50-8	1460		
		Emergency Calls in Public Restroom	2	2,000.00		New Boilers	2	40,000.00
						Replace Roof	13000 sqf	100,000.00
		PA 50-8 TOTAL		2,000.00		Replace Emergency Call System	1	30,000.00
						PA 50-8 TOTAL		170,000.00
	AMP 2 CFP Year Total			181,000.00	AMP 2 CFP Year Total			194,000.00

## Part II: Supporting Pages - Work Activities

form **HUD-5007.2** (4/2008)

## Part II: Supporting Pages - Work Activities

Page 6 of 9

## Part II: Supporting Pages - Work Activities

Page 7 of 9

## Part II: Supporting Pages - Work Activities

form **HUD-5007.2** (4/2008)

## Part II: Supporting Pages - Work Activities

form **HUD-5007.2** (4/2008)

Tioga County Housing Authority  
Advisory Board Meeting  
Feb. 4, 2011 12:00 Noon  
Pinnacle Towers Wellsboro

Present:

Evelyn Pletcher – Park Hill Manor  
Margaret Reese – Park Hill Manor  
Lynda Ackley – Riverside Manor  
Frances Gillen – Pinnacle Towers  
Iva Wheeler Sherman – Pinnacle Towers  
Dale Sherman – Pinnacle Towers  
Virginia Case – Sherwood Manor  
Deborah Ruddy – Lawrenceville Apartments  
Marilyn Wodarski – Forestview Manor  
Theodore Roy – Park Hill Manor  
Maxine Roy – Park Hill Manor  
Jim Herron – Nelson  
Nell Bergstresser – Riverside Park  
Jo Miller - Riverside Park  
Jim McIntosh – Van Driver TCHA  
Lonny Frost – Tabor Townhouses  
Jim McRath – TCHA  
Nancy Smith - TCHA  
Kevin Patt – TCHA  
Kelley Cevette – TCHA

Executive Director, Jim McRath introduced the staff members that were present and welcomed everyone to the meeting.

Minutes from the February 4, 2010 meeting were reviewed. On motion by Evelyn Pletcher seconded by Jo Miller the minutes were accepted. All members in favor.

Mr. McRath reviewed the purpose of the Tenant Advisory Board, its background and history of the preparation of the Annual Plan. He commented on the continued High Performance Standard the Authority, the continued subsidy to EMTA and maintaining the Homemakers Assistance Program.

Mr. McRath indicated that the Authority will be updating the Admissions and Occupancy Policies with several changes this year.

Changes to the Operating Plan for Public Housing that are purposed:

- The Principal Residence clause will require a family to physically move in within 30 days of signing their lease. This is to prevent a family from

renting an apartment but continuing to resident in another area and never physically move-in.

- The Authority will be having an active website as of March 1, 2010. Applications will be accepted on-line through the website as of April 1, 2010.
- There is a change in the preference process for PH. There is now a preference for being a resident in the county. In addition, there will be a scoring system to rate preferences.
- EIV tenant system search required by HUD for all new applicants.
- Upgrades to Violence Against Woman Act compliance.

Changes to the Operating Plan for Section 8 that are purposed are:

- Suspension due to insufficient funding.
- Project Based Voucher Program
- Preference to include county residency and nursing home transition

Board members were presented with items that are to be included in the 2011 Capital Grant application. Mr. McRath informed the members that any additional suggestions to improvements will be taken into consideration before the final Agency Plan is submitted.

Resident Suggestions:

Lonny Frost said that at Tabor Townhouses they are having an issue with ice gathering in the gutters and causing a dangerous situation with dripping and ice built up on the sidewalks. Kevin indicated that he would look into with the Maintenance Foreman.

Nell Bergstresser from Riverside Cottages in Blossburg inquired as to when the new siding gets installed will they be insulated and replacing windows. Kevin will look into.

Virginia Case from Sherwood Manor requested new furniture for community room, 10 new individual chairs to use for pot luck dinners and medicine cabinet replacement.

Jim Herron requested emergency lighting for Beechers Square residents in their apartments. As well as additional emergency pull cords.

Some residents requested a spray hose on kitchen sinks.

Pinnacle Towers & Park Hill residents complained that a few residents seem to have dust coming from the ceiling. Kevin indicated that he would have the Foreman look into it.



Hearing no further comments or questions Mr. McRath reminded the members of the Public Hearing scheduled for March 10, 2011 at 10:00AM at Pinnacle Towers in Wellsboro. Members were thanked for their participation.

# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

Tioga County Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Forestview Manor, Forestview Dr., Elkland, Tioga County, PA 16920

Wapiti Apts, Pattison Ext, Elkland, Tioga County, PA 16920

Riverside Manor, Race St., Westfield, Tioga County, PA 16950

Hillview Apts., North Street, Lincoln Street, Westfield, Tioga County, PA 16950

Nelson Apts., Capital Dr. Pease Hill, Beechers Square, Nelson, Tioga County, PA 16940

Lawrenceville Apts., Main St., Center St., Mechanic St., State St., Lawrenceville, Tioga County, PA 16929

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

James F. McRath

Title

Executive Director

Signature

Date

X

3-30-11

# Certification of Payments to Influence Federal Transactions

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Applicant Name

Tioga County Housing Authority

Program/Activity Receiving Federal Grant Funding  
Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

James F. McRath

Title

Executive Director

Signature



Date (mm/dd/yyyy)

3-30-2011

Previous edition is obsolete


form HUD 50071 (3/98)  
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3



# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OMB  
0348-0046

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: <i>Tioga County Housing Authority</i> <i>4 Riverside Plaza</i> <i>Blossburg, PA 16912</i> Congressional District, if known: 4c			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b> N/A  Congressional District, if known:		
<b>6. Federal Department/Agency:</b> U.S. Department of Housing and Urban Development			<b>7. Federal Program Name/Description:</b> Capital Fund Program CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI): N/A No Lobbying Activities Proposed			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI): N/A		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature:  Print Name: James F. McRath Title: Executive Director Telephone No.: 570-638-2151 Date: 3-30-2011		
<b>Federal Use Only:</b>			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

# Eligibility, Selection and Admissions Policies

Eligibility, tenant selection and admissions policies are explain in detail in the Authority's Public Housing Admissions and Occupancy Policy and the Authority's Section 8 Administrative Plan. Copies of both documents are available at the Authority's Administrative Offices and are also available from the Authority's website – [www.tbhra.org](http://www.tbhra.org)

Included in this document are summaries of proposed changes to the Public Housing Admissions & Occupancy Policies and the Section 8 Administrative Plan.

## **Public Housing Admissions and Occupancy Policy – List of Modifications March 2011**

### **Table of Contents**

Updated to reflect repagination of some sections

### **Chapter 7.0 Taking Applications**

Remove this section in its entirety and insert the following:

#### ***Chapter 7.0 Taking Application***

*Families wishing to apply for the Public Housing Program will be requires to complete and application for housing assistance. Applications may be submitted by applying online through the Tioga County Housing Authority website, [www.tbhra.org](http://www.tbhra.org)*

*Applications are taken to compile a waiting list. Due to the demand for housing in the Tioga County Housing Authority jurisdiction, the Tioga County Housing Authority may take applications on an open enrollment basis, depending on the length of the waiting list.*

*Completed applications will be accepted for all applicants and the Tioga County Housing Authority will verify the information.*

*Applications may be submitted through the Tioga County Housing Authority website [www.tbhra.org](http://www.tbhra.org) The completed application will be dated and time stamped by the computer system and a confirmation assigned per application immediately following submittal. This confirmation number will be the applicant's official notification of received.*

*Persons with disabilities who require a reasonable accommodation in completing and application may call the Tioga County Housing Authority to make arrangements. A telecommunication device for the deaf (TDD) is available for the deaf. The TDD telephone number is (570) 638-2227.*

*The application process will involve two phases. The first phase is the initial application for housing assistance. This requires the family to provide limited basic information establishing any preferences to which they may be entitled. This first phase results in the family's placement on the waiting list.*

*The second phase is the final determination of eligibility. This takes place when the family nears the top of the waiting list. The Tioga County Housing Authority will ensure that verification of all preferences, eligibility, suitability and selection factors are current in order to determine the family's final eligibility for admission into the Public Housing Program.*

**Reason for Changes – The admission of the Authority's website and application submittal being adjusted to an online process.**

**Chapter 8 Eligibility for Admission**

**Section B – EIV System**

Renumber the existing Section B to Section C and the existing Section C to Section D Insert a new Section B as follows:

**Section B – EIV System**

*For each prospective tenant, the Tioga County Housing Authority shall at the time of the eligibility interview print and maintain on file a copy of the EIV Existing Tenant Search results.*

*If the applicant or members of applicant's household are identified by EIV as currently being assisted at or owes a debt to, another Multifamily Housing or Public and Indian Housing (PIH) location, the Tioga County Housing Authority shall discuss these findings with the appropriate member(s) of applicant household and provide the opportunity to explain the circumstances relative to being assisted at, or owing a debt to, another housing provider.*

*The Tioga County Housing Authority shall follow up with the respective housing provider to confirm the applicant's program participation status or debt owed before admission. If necessary the Tioga County Housing Authority will coordinate move-in/move-out dates with the other housing provider at the other location.*

*The Tioga County Housing Authority shall retain Existing Tenant Search results, as well as any related additional documentation, with the application.*

**Reason for Changes – To include new HUD requirements concerning use of the previous tenant report in the EIV System.**

**Chapter 10.0 - Tenant Selection and assignment**

Remove this section in its entirety and insert the following:

**Section 10.1 Preferences**

*The Tioga County Housing Authority will select families based on the following preferences within each bedroom size category:*

*A. Residency preferences for families who live, work, or have been hired to work or who are attending school in Tioga County. This preference shall be worth 50 points.*

*B. Those who are involuntarily displaced by government action, flood, fire or as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws. This preference shall be worth 25 points.*

*C. Victims of domestic violence. This preference shall be worth 20 points.*

*D. Persons who are homeless. This preference shall be worth 15 points.*

*E. Those who have been employed 20 hours per week for the three months prior to submitting the application. This preference shall be worth 10 points.*

*F. Veterans and Veteran's families. This preference shall be worth 5 points.*

Points awarded for the above listed preferences shall be cumulative. Order of applicant selection among applicants with the same number of preference points shall be based on the state and time of the application. Table 1 provides a matrix of the various cumulative values of the preference listed above.

**Building Designed for the Elderly and Disabled:** Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

**Accessible Units:** Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come up to the top of the waiting list. Such applicants, however, must sign a release form stating that will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies. Any family required to transfer will be given a 30-day notice. A separate waiting list will be maintained for applicants that request a handicapped unit only.

**Reason for changes: Addition of the residence preference and point values of preferences.**

## **Chapter 10. Tenant Selection and Assignment Plan**

Insert section 10.9 which was not previously on the plan, as follows:

### ***Section 10.9 Physical Residency Requirement***

*The physical unit that the applicant signs the lease agreement for must become their principal residence. The tenant will be given 30 days from the date of the lease signing to physically move into the residence and change their mailing address to this location. Failure to do so allows the Tioga County Housing Authority the option of beginning the eviction process.*

**Reason for Change – To avoid applicants from renting units and not physically moving into them while keeping their primary residence elsewhere.**

## **Chapter 19.0 Violence Against Woman Act**



Addition of A, B, C & D under Section 19.1 as follows:

**Section 19.1 Violence Against Woman Act**

- A. Tioga County Housing Authority may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other “good cause” for termination of assistance, tenancy or occupancy rights of the victim of abuse.*
- B. The Tioga County Housing Authority may not consider criminal activity directly related to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that abuse.*
- C. The Tioga County Housing Authority may request in writing that the victim, or family member on the victim’s behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066 or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specific timeframe may result in eviction.*
- D. The Tioga County Housing Authority should be mindful that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk, e.g., the abuser may monitor the mail. Therefore, the Authority may require that the tenant appear in person to pick up the certification form and are encouraged to work with tenants to make delivery arrangements that do not place the tenant at risk.*

**Reason for Changes – To include new HUD requirements for the Violence Against Woman Act**

Section 8 Admissions and Occupancy Policy – List of  
Modifications  
March 2011

## Chapter 4.0 Managing the Waiting List

Remove this section in its entirety and insert the following:

### **Chapter 4.2 Taking Applications**

*Families wishing to apply for the Section 8 Program will be required to complete an application for housing assistance. Applications may be submitted by applying online through the Tioga County Housing Authority website, [www.tbhra.org](http://www.tbhra.org)*

*Applications are taken to compile a waiting list. Due to the demand for housing in the Tioga County Housing Authority jurisdiction, the Tioga County Housing Authority may take applications on an open enrollment basis, depending on the length of the waiting list.*

*Completed applications will be accepted for all applicants and the Tioga County Housing Authority will verify the information.*

*Applications may be submitted through the Tioga County Housing Authority website [www.tbhra.org](http://www.tbhra.org). The completed application will be dated and time stamped by the computer system and a confirmation assigned per application immediately following submittal. This confirmation number will be the applicant's official notification of receipt.*

*Persons with disabilities who require a reasonable accommodation in completing an application may call the Tioga County Housing Authority to make arrangements. A telecommunication device for the deaf (TDD) is available for the deaf. The TDD telephone number is (570) 638-2227.*

*The application process will involve two phases. The first phase is the initial application for housing assistance. This requires the family to provide limited basic information establishing any preferences to which they may be entitled. This first phase results in the family's placement on the waiting list.*

*The second phase is the final determination of eligibility. This takes place when the family nears the top of the waiting list. The Tioga County Housing Authority will ensure that verification of all preferences, eligibility, suitability and selection factors are current in order to determine the family's final eligibility for admission into the Section 8 Program.*

**Reason for Changes – The admission of the Authority's website and application submittal being adjusted to an online process.**

## Chapter 5.0 Selecting Families From The Waiting List

Change – 5.2 Preferences, Insert new Section A #1 & 3, Section B #1, 2 & 3

### 5.2 Preferences

#### *A. Local Preferences*

- 1. County Residency*
- 2. Involuntarily displaced person/family.*
- 3. Nursing Home Transition Program.*

#### *B. Preference Rule Definitions*

##### *1. County Residency*

*Residency preference for families who live, work, or have been hired to work in Tioga County or who are attending school in Tioga County.*

##### *2. Involuntary Displaced*

*Includes displaced because of fires, disasters, government action and victims of actual or threatened physical violence (applicant does not have to move out to qualify)*

*In order to qualify as involuntarily displaced, the applicant cannot have been re-housed in substandard housing. For this purpose, housing is not standard replacement housing if it is overcrowded.*

*Cause evictions are not included as displaced criteria*

##### *3. Nursing Home Transition*

*Provides preference consideration for Area Agency on Aging clients who are temporarily housed in nursing homes facility and no longer require nursing home care.*

**Reason for Change – To update preferences to include County Residency and Nursing Home Transition**

## Chapter 6. Assignment Of Bedroom Sizes (Subsidy Standards)

## Change - Insert Section 6.1.5

### **Section 6.1.5 EIV System**

*For each prospective tenant, the Tioga County Housing Authority shall at the time of the eligibility interview print and maintain on file a copy of the EIV Existing Tenant Search results.*

*If the applicant or members of applicants household are identified by EIV as currently being assisted at or owes a debt to, another Multifamily Housing or Public and Indian Housing (PIH) location, the PHA shall discuss these findings with the appropriate member(s) of applicant household and provide the opportunity to explain the circumstances relative to being assisted at, or owing a debt to, another housing provider.*

*The Tioga County Housing Authority shall follow up with the respective housing provider to confirm the applicant's program participation status or debt owed before admission. If necessary the PHA will coordinate move in/move-out dates with other housing provided at the other location. The Tioga County Housing shall retain Existing Tenant Search results, as well as any related additional documentation, with the application.*

### **Reason for Change – To include new HUD requirements concerning use of the previous tenant report in the EIV System.**

## Change - Chapter 19.0 to 20.0 and 20.0 to 21.0. Insert Chapter 19.0 and 22.0

### **Chapter 19. Termination of Contract**

#### **A. Suspension Due To Insufficient Funding**

*The Tioga County Housing Authority monitors income and expenditure data for the Housing Choice Voucher Program on a monthly basis. If at any time the Tioga County Housing Authority determines that insufficient funding is available to meet Housing Assistance Payment obligations, the Authority will take action to ensure fiscal solvency of the Housing Choice Voucher Program. The Authority will take the following actions to balance anticipated voucher program expenditures with voucher program income:*

- 1. Suspend issuances of vouchers to applicants from the Section 8 Voucher Program waiting list.*
- 2. Termination of vouchers previously issued to applicant, but not yet under assistance contract.*
- 3. Suspend assistance to current program participants:*

*In the event that the Tioga County Housing Authority must suspend assistance to current participants, such suspensions will be performed as follows:*

- a. The Tioga County Housing Authority will compile a list of all current participants. This participation list shall be in descending order of date of admission into the program (that is the oldest date of admission shall appear first).*
- b. The Tioga County Housing Authority will review the participant list and will initially exclude from the list all participating families which the Head of Household or Co Head of Household is elderly (defined as age 62 or older) or is disabled.*
- c. The Tioga County will then select non elderly/non disabled households from the participating list in order of program admission date, beginning with the participant with the oldest date.*
- d. The Tioga County Housing Authority will continue to select participants from the list until a sufficient number of participants are selected such that the sum of their monthly assistance payments are sufficient to reduce total monthly payments to an amount commensurate with program income*
- e. In the event that there are not sufficient numbers of elderly/non elderly disabled households available to reduce expenditures to the required level, then the Tioga County Housing Authority will select elderly/disabled households for suspension in the order of the household's program admission date (beginning with the oldest date of admission).*
- f. All participants selected for suspension as described in this section shall receive no less than 30 days written notification of the suspension of assistance. Such notice shall also be provided to the affected property owner.*
- g. Suspension of assistance under this section shall not be subject to the Tioga County Housing Authority's Grievance Policy and any participant suspended solely due to lack of sufficient funding shall not be entitled to a hearing to contest the Authority's action.*

- h. Suspension of assistance to the participant under this section shall result in termination of the Housing Assistance Payment Contract with the property owner on the same date as assistance to the participant is suspended. The Tioga County Housing Authority shall have no obligation for any additional assistance payments to the property owner beyond the date of suspension of assistance.*

#### *4. Restoration of Assistance.*

*Any participant whose assistance is suspended due solely to lack of sufficient funding may be entitled to reinstatement of assistance. Reinstatement shall be available to any suspended participant who, as of the date of the reinstatement offer, is not already receiving another form of subsidized housing assistance. Such other subsidized housing assistance shall mean a housing program in which the participant is required to pay no more than 30% of their adjusted income for rent and utilities:*

- a. Assistance shall be reinstated in the same order in which assistance was originally suspended. However, reinstatement may be subject to termination of participation in the event the participant has engaged in an act or acts during suspension period, which act or acts would result in program termination had the assistance suspension not been in effect. For example is during the suspension period the participant engages in a criminal act which would have resulted in a termination action had assistance not be suspended. In the event of such a termination action, all requirements in this policy governing termination of program participant shall be in effect.*
- b. Reinstatement will include the execution of a new Housing Assistance Payment contract with the property owner. If at the time of reinstatement the new HAP contract is executed for the same dwelling occupied by the participant at the time of assistance suspension, the Tioga County Housing Authority shall have no obligation for assistance payments during the time period in which the suspension action was in effect.*
- c. When offered the opportunity doe reinstatement, the affected participants will be subject to the procedures outlined in this policy for new participants, including but*

*not limited to: issuance of the voucher, time period for locating a dwelling, execution of the Hap contract, rent reasonableness and Housing Quality Standards.*

- d. In no event shall the Tioga County Housing Authority admit any new participant families from the waiting list nor absorb any incoming portable voucher holders until all eligible participants with suspension assistance have been offered the opportunity for reinstatement.*
- e. All suspended participants shall be notified in writing of the offer of reinstatement. Such written notice shall be sent to the last known mailing address provided by the participant. Failure of the participant to respond to the offer of reinstatement within 30 days shall be grounds for termination of assistance in accordance with the procedures for termination outlined in this Administrative Plan.*

#### *4. Multiple Suspension Events*

- a. In the event that the Tioga County Housing Authority must suspend assistance on more than one occasion, additional restrictions on suspension will take effect. In no case shall any participant be subject to a 2<sup>nd</sup> or subsequent suspension event until all participants have been subject to suspension.*

#### *5. Treatment of Suspended Participants during suspension*

- a. Any participants with suspended assistance shall remain a current program participant. As such reinstatement of assistance shall not be considered a new program admission for purposes of the income targeting requirements outlined in this Administrative Plan.*

### **Reason for Change – Describe procedures to deal with reduction of HAP costs due to insufficient funding.**

## **22.0 PROJECT BASED VOUCHER PROGRAM**

### **A. Purpose**

*The Tioga County Housing Authority's project based voucher program is established to provide safe and affordable housing*

*opportunities for elderly, disabled, and/or severely economically disadvantaged families. Persons who are elderly and/or have disabilities or who are economically disadvantaged must be offered supportive services as a condition of occupancy.*

*Supportive housing services include but are not limited to:*

- a private apartment;*
- a service coordinator to help residents arrange for services;*
- personal care services;*
- housekeeping and laundry assistance;*
- transportation;*
- social activities;*
- help with chores;*

#### **B. Procurement**

*Units selected for project-based assistance are units for which competitively awarded 9 percent housing tax credits have been provided. Owners who have received competitively awarded 9 percent housing tax credits must make a written request to Tioga County Housing Authority for project-based voucher assistance within 3 years from the date of their award. Tioga County Housing Authority will require the owner to submit an application based upon selection criteria. All units must meet selection criteria.*

*If a request for proposals is initiated by Tioga County Housing Authority, Tioga County Housing Authority will publicly advertise the availability of project-based assistance for a specific number of units through a written application method. The request for proposal application will contain selection criteria that shall not limit proposals to a single site or impose restrictions that would preclude proposals for different sites. A deadline for submission for proposals will be required. A public advertisement will be placed in Wellsboro Gazette.*

#### **C. Selection Criteria**

*Proposals for project-based assistance may be requested for new or existing structures or structures that will undergo rehabilitation. The type of units sought for project based assistance may have special conditions that are created to achieve a desired housing outcome for the type of families targeted to receive housing assistance and/or to create affordable housing opportunities in specific geographic areas meeting site selection criteria. Site selection criteria will be included as part of the proposal in order to inform prospective bidders of the methodology used to evaluate proposals.*



D. *Evaluation of Applications*

*Applications will be judged individually and may be approved for project based assistance if:*

- 1. The application meets proposal requirements and the purposes described above;*
- 2. The application meets site selection standards set by HUD pursuant to 24CFR Part 983;*
- 3. Time tables for contract execution are met;*
- 4. The owner is in good standing with HUD and TIOGA COUNTY Housing Authority; and,*
- 5. The application is consistent with project based voucher regulations.*

*The Tioga County Housing Authority reserves the right to reduce the number of project-based units that have been requested.*

E. *Award of Project Based Contracts*

*Project based contracts will be approved by the Tioga County Housing Authority Board of Commissioners. Tioga County Housing Authority shall give prompt written notice of such selection to the party that submitted the proposal and prompt public notice of such selection.*

F. *Participant Rights and Responsibilities*

*Admission, tenant rent contributions, occupancy, tenancy, annual reexaminations, and housing quality standards and policies for participants will be governed by 24CFR Parts 982, 983 and this Administrative Plan. Voucher issuance and portability are restricted while the family participates in the project based voucher program. Tenants must comply with HUD's list of family obligations and Administrative Plan requirements.*

G. *Tioga County Housing Authority Responsibilities*

*Tioga County Housing Authority's project-based voucher program will comply with HUD and Tioga County Housing Authority regulations and policies. If Tioga County Housing Authority owned units are selected for project-based voucher assistance, TCHA will be required to allow a HUD filed office review of the TCHA's proposal and selection process.*

**Reason for Change – Initiate more stable affordable housing in the County to address the current affordable housing crisis as a result of the local Marcellus Shale Gas Play situation.**

## Rent Determination Policies

Rent determination policies are explained in detail in the Authority's Public Housing Admissions and Occupancy Policy and the Authority's Section 8 Administrative Plan. Copies of both documents are available at the Authority's

Administrative Offices and are also available from the Authority's website –  
<http://www.tbhra.com>

## Minutes

### Tioga County Housing Authority

March 28, 2011

The regular meeting of the Tioga County Housing Authority was held at the Lambs Creek Inn in Wellsboro at 12:00 noon on March 29, 2010. The Following members were present; Peter Lupkowski, Leo Parchesky, and Jody Thomas. Also present were Jim McRath, Kelley Cevette, Victoria Powers, Charlie Bourque, Priscilla Walrath; solicitor, Rebecca Hazen of the Wellsboro Gazette, and Cheryl Clark from the Williamsport Sun Gazette.

Chairperson, Jody Thomas called the meeting to order. The minutes from the February 21, 2011 meeting were reviewed. On motion by Peter Lupkowski, seconded by Leo Parchesky the minutes were accepted as written. All members in favor.

EXHIBIT TH 3-11-1

The bills for January 2011 were reviewed. On motion by Leo Parchesky, seconded by Peter Lupkowski the February bills were approved. All members in favor.

EXHIBIT TH 3-11-2

The Occupancy report was reviewed for both Public Housing and Section 8. There was no action was needed.

EXHIBIT TH 3-11-3

Resolution approving the Annual Public Housing Agency Plan and 5 Year Plan was reviewed. As part of the Plan the changes to the Admissions & Occupancy were also reviewed. On motion by Leo Parchesky, seconded by Peter Lupkowski the resolution approving the 2011 Annual Agency Plan and 5-Year Capital Improvement Plan was approved. All members in favor.

EXHIBIT TH 3-11-4

A resolution approving the renewal contract for the Single Room Occupancy Shelter Plus Care for United Christian Ministries, Inc. was reviewed. On motion by Leo Parchesky, seconded by Evelyn Pletcher, the renewal contract was approved. All members in favor.

EXHIBIT TH 3-11-6

#### Board Information:

Charlie did a presentation on the paperless system TenDoc's which is offered through our software provider Tenmast. The Board members were given documentation on the costs and benefits to going paperless in the Authority. There was a discussion

about the how this would be implemented. On motion by Leo Parchesky, seconded by Peter Lupkowski the TenDoc's system was approved for purchase. All members in favor.

There was discussion about the possibility of Board members receiving their monthly Board Package through email. Peter indicated that he preferred this form as well as Priscilla. Jody and Leo indicated that for now they would prefer to still receive theirs through the mail. Both reporters indicated that email notification of a meeting would be fine. Both should be emailed the agenda in the future.

Jim presented the Board with the results from the Capital Grant Bids that were held Friday, March 25<sup>th</sup>. We did not receive bids for the General Contracting, there was only one bid for Mechanical Contracting which was three times higher than the estimate by the Architect and Engineer. Both areas will go out for a re-bid.

The bid for the installation of tub cuts was below the estimate of the architect and engineer. On motion by Leo Parchesky, seconded by Peter Lupkowski the bid for tub cuts by Bath Pros, Inc, for \$62,675.00 was accepted. All members in favor.

On motion duly made and seconded, the meeting of the Housing Authority was adjourned. The next meeting will be a joint meeting with the Bradford County Board on April 26<sup>th</sup> in Troy.

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Secretary

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Chairperson